

SummerGATE 2020

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Please return by mailing, scanning and emailing, or faxing (415) 753-0364.

Your Name _____ Cell Phone _____

Street Address _____ Home Phone _____

City/State _____ Zip _____ Email _____

Current School _____ Position _____

Yes. I definitely want to be a part of SummerGATE 2020. I want to teach:

(Please include preferred grade levels and a brief description.)

- Session I: June 8-26**
- Session II: June 29-July 17**
- Session III: July 20-31**