



THE BAR SCHOOL

Bar Education & Controls

School to Work Program. Partner Sign Up Form.

(Form also available on line at www.thebarschool.net)

Name of Establishment _____

Type of Establishment _____

Contact: _____

Phone: _____

Address: _____

Position _____

Responsibilities: _____

Approximately Length of Training: _____

Pay during training: _____

Please fax form to 608-784-0012

Thank you.

We look forward to working with you.