

“What’s All the Racket?”



Tom Spalla: Experience Speaks For Itself...

 **40 years teaching experience**

 **Iowa Teacher of the Year**

 **Iowa Honor Award Winner**

 **Workshops Presented in Wisconsin, Nebraska, Minnesota, Iowa, Kansas, California, and Illinois**

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“What’s All the Racket?”



2012 WORKSHOP ACTIVITIES

- ◆ **Cross Curricular Activities**
- ◆ **Instant Warm Up Activities**
- ◆ **Fitness Activities**
- ◆ **Brain Activities**
- ◆ **K-3 Pathways**
- ◆ **5-12 Tennis (please bring your own racket)**
- ◆ **Pickleball**

Experience Teaching at its Best at a T.O.M. Workshop

“After attending workshops since 1991, this is the best and most useful workshop I have ever attended. Thanks a million for all the fabulous ideas!”

-Racquel Guckeen



“One of the best workshops I’ve ever attended”

**3309 Brook Hollow Dr.
Asbury, IA 52002**

Share this with - **Phy. Ed. Dept.
Classroom Teachers - Principal
Curriculum Director**



To receive a map, send a self-addressed stamped envelope with your registration

2012 Workshop Dates

April 14	Cedar Falls, IA 50613	N.U. High -1901 Campus St.
June 22	St. Paul, MN 55105	St. Catherine College - 2004 Randolph (Butler CT)
June 18	Arlington, IA 50606	Starmont Elementary - 3202 40th St.
June 20	Milwaukee, WI 53183 (Dousman)	Kettle Moraine Middle School - 301 Ottawa Ave.
July 30	Omaha, NE 68132	Lewis and Clark Middle School - 6901 Burt St.
July 31	Grimes, IA 50111 (Des Moines)	North Ridge Elementary - 400 N.W. 27th St.
August 6	Madison, WI 53705	Van Hise Elementary - 4747 Waukesha
October 6	Farley, IA 52046	Drexler Middle School - 405 3rd Ave. N.E

Workshop: Time 8AM - 4PM (Lunch on your own)

Cost: Teachers \$85 Students \$30 includes activity booklet.

Send Check for \$85.00 to:

**T.O.M. Workshop
3309 Brook Hollow Dr.
Asbury, IA 52002**

Credits: St. Catherine University 1 semester graduate credit for \$105. Registration for the graduate credit and payment for the graduate credit will be made online at <http://www.regonline.com/teachingonthemove>

License renewal hours available.

Note: This graduate credit does qualify for license renewal.

www.tomworkshop.com

**Contact: Tom Spalla w/ T.O.M. Workshop
Primary: 563-582-8893**

Name _____ Mailing Address _____
City _____ State _____ Zip _____
Phone W() _____ H() _____
School Dist. _____ Subject _____ Grade _____
E-mail Address _____
I will be attending the _____ (Date) _____ (Location) _____ Workshop.

I hereby, for myself, executor and administrator, waive and release any and all rights and claims or damages I may have against T.O.M. Workshops, its sponsors, or staff for any and all injuries which may be suffered by me while participating in this workshop.
Signature _____
Date _____

Mail completed form and \$85.00 (checks payable to T.O.M. Workshops) to:
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If taking for graduate credit check here