PART: 1

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DICKINSON EDUCATION DAY

Dickinson State University

Monday, March 12, 2018

***UPDATED FILLABLE FORM***

PART 1: CLASS/GROUP REGISTRATION FORM

*(Please* ***type (preferred method)****/print in black ink. Please do NOT use pencil.)*

**CONTACT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School/Organization:  Enter School/Organization Name | | | | Grade(s)  Enter Grade(s) | |
| School/Organization Mailing Address/**POSTAL ADDRESS** (Where you want your package mailed):  Enter Postal Address | | City:  Enter City | | State:  Enter State | Zip Code:  Enter Zip |
| Name of Person Completing Form:  Enter Name of Person Completing Form | | Telephone *(Daytime):*  Enter Daytime Phone | | Telephone *(Evening):*  Enter Evening Phone | |
| Relationship to Classroom *(Teacher, Principal, Parent, etc.)*:  Enter Relationship to Classroom | Email Address  Enter Email Address | | | | |
| Contact Person *(To Verify Information)*:  Enter Contact Person | | Contact Person Telephone:  Enter Phone | Best Time to Call:  Enter Best Time to Call | | |

CLASSROOM TEACHERS INCLUDED IN THIS REGISTRATION

*(Use an additional page, if necessary. We need every participating teacher’s information!)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  Enter Name | Email Address  Enter Email Address | Telephone *(Daytime):*  Enter Phone | Telephone *(Evening):*  Enter Phone |
|  |  |  |  |
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PLEASE ANSWER THE FOLLOWING QUESTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Project Students:  Enter Number | Number of Non-Project Students  Enter Number | Number of Teachers/Chaperones:  Enter Number | Total Number of Registrants (Students/Teachers/Chaperones)  Enter Total |

HOW TO SUBMIT REGISTRATION

|  |  |  |
| --- | --- | --- |
| After completing part 1 of the registration form, please continue on to parts 2, 3, and 4. Then return all four parts by one of the three recommended methods listed below. | | |
| **EMAIL (preferred method and will be confirmed by 9 AM next business day):**  [registration@marketplacend.org](mailto:registration@marketplacend.org) | **FAX:**  701-242-7754 | **MAIL:**  Marketplace for Kids  PO Box 9  Mantador, ND 58058 |
| **Questions?**  We want your registration to run smoothly, and are here to help you! If you need assistance, or have any questions, please contact Bob at 1-855-434-KIDS (5437) (Toll Free) or 701-242-7744, or contact us via email at [registration@marketplacend.org.](mailto:registration@marketplacend.org.) | | |

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