



BOWMAN EDUCATION DAY

Bowman County School

Wednesday, February 26, 2020

FILLABLE FORM

PART 4: PROJECT INFORMATION

(Please complete one form **PER** project.)

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

DISCLAIMER: Please note we take photographs/videos of the students throughout the Education Day in the classrooms, in the hallways, eating lunch, etc. to produce a video for the closing ceremony and to post on our web page photo gallery. If you **DON'T** want your student(s) photographed/videoed please check the No Photo Box by their name, otherwise they **WILL BE** in our video production and/or posted to the photo gallery.

INFORMATION FROM PART 1

Classroom Teacher/Advisor:
School/Organization:

PROJECT INFORMATION IMPORTANT: NO FOOD OR LIQUID PROJECTS!! NO SALES OF ANY PROJECTS!!!
REMINDER: Funding is available for supplies for ND Public Schools that bring projects. If you have questions call 701-242-7744.

Name of Project:																		
Project Description: (Please type (preferred method) or print clearly in black ink. Please do NOT use pencil.) (This description will be printed in the Project Guide!)	Project Category: <input type="checkbox"/> Invention <input type="checkbox"/> Business Ideas <input type="checkbox"/> Agriculture <input type="checkbox"/> Art & Literature <input type="checkbox"/> Technology Challenge <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:																	
<table border="1" style="width:100%"> <tr> <th colspan="2" style="text-align: left;">Student Names (All Students Part of this Project):</th> <th rowspan="7" style="width: 20%; vertical-align: top;"> Are all students in the same classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: </th> </tr> <tr> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Last Name</th> </tr> <tr><td style="text-align: center;">1.</td><td></td></tr> <tr><td style="text-align: center;">2.</td><td></td></tr> <tr><td style="text-align: center;">3.</td><td></td></tr> <tr><td style="text-align: center;">4.</td><td></td></tr> <tr><td style="text-align: center;">5.</td><td></td></tr> <tr><td style="text-align: center;">6.</td><td></td></tr> </table>		Student Names (All Students Part of this Project):		Are all students in the same classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	First Name	Last Name	1.		2.		3.		4.		5.		6.	
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1.																		
2.																		
3.																		
4.																		
5.																		
6.																		

SPECIAL THINGS YOU MAY NEED

Do you need electricity? <i>(Remember to bring a 25 ft extension cord)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need more than 4 ft table space?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much more space will be needed?

PARENTAL APPROVAL

Are your students covered thru a photo/video release for this event? <input type="checkbox"/> Yes, permission granted <input type="checkbox"/> No, permission not granted	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, a parent signature is required so the students can be part of Marketplace for Kids photo and/or video production.
<input type="checkbox"/> Yes, permission granted <input type="checkbox"/> No, permission not granted	Parent Signature _____ Date _____