



BOWMAN EDUCATION DAY

Bowman County School
Wednesday, February 23, 2022

FILLABLE FORM (Preferred Method)

PART 1: CLASS/GROUP REGISTRATION FORM

(Please use **Fillable Form/type** - print in black ink. Please **DO NOT** use pencil.)

Reminder: Funding is available for supplies for ND Public Schools that bring projects. If you have questions, please give us a call.

CONTACT INFORMATION – PLEASE FILL OUT EVERY FIELD

Name of School/Organization:

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School/Organization Mailing Address/POSTAL ADDRESS (Where you want your package mailed):

Address	City	State	Zip Code

Person Completing Form:

NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Relationship to Classroom (Teacher, Principal, Parent, Etc.)	
EMAIL ADDRESS:	Telephone (Daytime)	Telephone (Evening)	

Contact Person – To Verify Information:

NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Telephone (Best Time to Call)
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CLASSROOM TEACHERS INCLUDED IN THIS REGISTRATION

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

NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):

PLEASE ANSWER THE FOLLOWING QUESTIONS

Number of Project Students:		Number of Non-Project Students:		Number of Teachers/Chaperones:		Total Number of Registrants:	
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HOW TO SUBMIT REGISTRATION

After completing part 1 of the registration form, please continue onto parts 2, 3, and 4. Then return all four parts by one of the three recommended methods listed below.

EMAIL (preferred method): secretary@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 secretary@marketplacend.org .		