



# 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:

|  |
|--|
|  |
|--|

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

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|         |      |       |          |

Contact Person:

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

### CLASSROOM TEACHERS INCLUDED IN THIS REGISTRATION

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

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

### 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 recommended methods listed below.

|  |  |
|--|--|
| <p><b>EMAIL (preferred method):</b><br/><a href="mailto:secretary@marketplacend.org">secretary@marketplacend.org</a></p>   | <p><b>MAIL:</b><br/>Marketplace for Kids<br/>PO Box 9<br/>Mantador, ND 58058</p> |
| <p><b>Questions?</b><br/>If you need assistance, or have any questions, please contact us at 1-855-434-KIDS (5437) (Toll Free) or 701-242-7744, or contact us via email at <a href="mailto:secretary@marketplacend.org">secretary@marketplacend.org</a>.</p> |  |