



BOTTINEAU EDUCATION DAY

Dakota College at Bottineau
 Tuesday, March 15, 2022

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 mark NO PHOTO by their name, otherwise they WILL BE in our video production and/or posted to the photo gallery.

INFORMATION FROM PART 1

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|----------------------------|
| 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 colspan="2" style="text-align: left;">Photo Permission:</th> </tr> <tr> <th style="width: 5%;">#</th> <th style="width: 35%;">First Name</th> <th style="width: 35%;">Last Name</th> <th style="width: 25%;">Yes/No</th> </tr> <tr> <td>1.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>6.</td> <td></td> <td></td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> </table> | | Student Names (All Students Part of this Project): | | Photo Permission: | | # | First Name | Last Name | Yes/No | 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Names (All Students Part of this Project): | | Photo Permission: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # | First Name | Last Name | Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SPECIAL THINGS YOU MAY NEED

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|---|--|
| 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

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|---|---|
| Are your students covered thru a photo/video release for this event? | <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 _____ |