



PART 1: TEACHER/GROUP REGISTRATION FORM

Fort Yates Education Day

Friday, February 9, 2024

Location: Sitting Bull College

Registration Opens: 12/15/2023

Registration Closes: 1/19/2024

SPECIAL NOTES:

- This form is used to collect information on school and teachers
- Use Fillable Form when filling out ALL forms
- Fill in ALL contact information for ALL participating teacher's
- Continue onto Parts 2 – 4 (5 where applicable)
- Funding is available for ND Public Schools for supplies purchased for projects
- Direct all questions to 1-855-434-5437 (toll free) or 701-242-7744 or email secretary@marketplacend.org

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 | ST | ZIP CODE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CONTACT PERSON:

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

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 <input type="text"/> | Grade <input type="text"/> | Telephone (Daytime): <input type="text"/> | Telephone (Evening): <input type="text"/> |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS <input type="text"/> | Grade <input type="text"/> | Telephone (Daytime): <input type="text"/> | Telephone (Evening): <input type="text"/> |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS <input type="text"/> | Grade <input type="text"/> | Telephone (Daytime): <input type="text"/> | Telephone (Evening): <input type="text"/> |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS <input type="text"/> | Grade <input type="text"/> | Telephone (Daytime): <input type="text"/> | Telephone (Evening): <input type="text"/> |
| NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | EMAIL ADDRESS <input type="text"/> | Grade <input type="text"/> | Telephone (Daytime): <input type="text"/> | Telephone (Evening): <input type="text"/> |

PLEASE ANSWER THE FOLLOWING QUESTIONS

| | | | |
|--|--|--|--|
| Number of Project Students: <input type="text"/> | Number of Non-Project Students: <input type="text"/> | Number Teachers/ Chaperones: <input type="text"/> | Total Number of Registrants: <input type="text"/> |
|--|--|--|--|

HOW TO SUBMIT REGISTRATION

After filling out Part 1, Complete Part 2 – 4 and 5 where applicable, return all parts by:

| | |
|---|---|
| EMAIL (Preferred Method): secretary@marketplacend.org | MAIL: Marketplace for Kids – PO Box 9 – Mantador, ND 58058 |
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