



# PART 1: TEACHER/GROUP REGISTRATION FORM

## Grafton Education Day

Wednesday, April 24, 2024

Location: Cavalier Public School  
Registration Opens: 3/1/24  
Registration Closes: 4/5/24

### 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](mailto:secretary@marketplacend.org)

## 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	ST	ZIP CODE

### CONTACT PERSON:

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

## PLEASE ANSWER THE FOLLOWING QUESTIONS

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

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

EMAIL (Preferred Method): <a href="mailto:secretary@marketplacend.org">secretary@marketplacend.org</a>	MAIL: Marketplace for Kids – PO Box 9 – Mantador, ND 58058
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