



PART 1: TEACHER/GROUP REGISTRATION FORM

Dickinson Education Day

Tuesday, March 10, 2026

Location: Dickinson State
University

Registration Opens: 1/16/26

Registration Closes: 2/20/26

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@mfknd.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

CONTACT PERSON: THIS PERSON RESPONSIBLE FOR DISTRIBUTION OF MAILED INFORMATION WEEK BEFORE ED DAY

<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!)

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

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@mfknd.org	MAIL: Marketplace for Kids – PO Box 9 – Mantador, ND 58058
---	---