PART 1: TEACHER/GROUP REGISTRATION FORM

Mayville Education Day

Monday, October 19, 2026

Location: Mayville State University

Registration Opens: 8/2/26

Registration Closes: 10/2/26

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 701-483-7744 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

☐Mr. ☐Mrs. ☐Ms. ☐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: ☐Mr. ☐Mrs. ☐Ms. ☐Miss	EMAIL ADDRESS	Grade	Telephone *(Daytime):*	Telephone *(Evening):*
NAME: ☐Mr. ☐Mrs. ☐Ms. ☐Miss	EMAIL ADDRESS	Grade	Telephone *(Daytime):*	Telephone *(Evening):*
NAME: ☐Mr. ☐Mrs. ☐Ms. ☐Miss	EMAIL ADDRESS	Grade	Telephone *(Daytime):*	Telephone *(Evening):*
NAME: ☐Mr. ☐Mrs. ☐Ms. ☐Miss	EMAIL ADDRESS	Grade	Telephone *(Daytime):*	Telephone *(Evening):*
NAME: ☐Mr. ☐Mrs. ☐Ms. ☐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 appliable, return all parts by:

EMAIL (Preferred Method): secretary@mfknd.org	**MAIL**: Marketplace for Kids – PO Box 204 – Dickinson, ND 58602