

HAWKEYE'S BOOKWORMS

THE FARGO-MOORHEAD REDHAWKS READING PROGRAM



Enrollment Form

School _____ Telephone _____

Address _____ Contact _____

City _____ State _____ Zip _____ Fax _____

Today's Date _____ Email _____

Our School will be participating during the following dates:

_____ to _____

(must be a 4 week program Jan-Mar)

Number of Students participating:

Number of Classrooms:

Number of Teachers Assisting:

Preferred date for assembly
(please choose 3 in case of conflict)

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

Please return this form to:
Hawkeye's Bookworms
1515 15th Ave N
Fargo, ND 58102

Registration Deadline is February 12, 2017

Office Use Only

Assembly Date/Time _____ 1st & 2nd Prizes _____ 3rd & Home Prizes _____

Assembly Administrators _____ Completion # _____