

School/Classroom Registration Form

Teacher Name: _____

Teacher Email Address: _____

School Name: _____

Principal's Name: _____

School Address: _____

School Phone No.: _____

School Fax No.: _____

Number of students participating in your classroom/school:

No. of students	Grade

Are you hosting a School Fair? _____

Please return to Alberni Valley Museum by March 16, 2012.