

Children's Literature Festival
 Truman State University
 April 21, 2017

School Name: _____

Address: _____

Contact Person: _____

Telephone: _____ e-mail: _____

(We will acknowledge receipt of all registrations that include an e-mail address. ☺)

Please list all classes in the 4th, 5th, and 6th grades that will be attending the festival by teacher's name and number of students in each of the classes. Please enclose a check made out to **Truman State University** to cover the registration fee of \$3.00 per child.

Grade Level	Teacher's Name	Number of Students
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(Please feel free to print off as many forms as necessary for your classes.)

Please return this form along with your check made out to **Truman State University** by February 1, 2017* to:

Daisy Rearick
 Pickler Memorial Library
 Truman State University
 Kirksville, MO 63501

Registrations have to be in by **February 1, 2017. Payment can be deferred until **March 31, 2017**.*