

Children's Literature Festival
Truman State University
April 16, 2010

School Name: _____

Address: _____

Contact Person: _____

Telephone: _____ e-mail: _____

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, 2010 to:

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