



## REGISTRATION FORM

*Form must be returned by Friday, March 15, 2023*

**PLEASE PRINT CLEARLY**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Grade Levels: \_\_\_\_\_

# of students: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Consent Forms Included \_\_\_\_\_

**RETURN TO:**

**Battlefords Agricultural society Inc  
Box 668, North Battleford, SK S9A 2Y9  
Fax: 306-445-3352 Phone: 306-445-2024  
Email [jocelyn@agsociety.com](mailto:jocelyn@agsociety.com)**

.....  
Office Only: CONFIRMED \_\_\_\_\_