

**If I Had a Hammer Project
School Registration Form**

*****Please note: This project is limited to fifth grade only**

School Name: _____

Mailing Address: _____

Principal: _____

Teacher: _____

Primary Contact Number: _____

Number of Participating Students (maximum 25, unless special arrangements have been made with coordinator): _____

Requested Field Trip Date

Programs begin at 9:00am and conclude at 11:00am.

Programs are scheduled on Monday, Wednesday, or Friday.

First Choice Date: _____

Second Choice Date: _____

Third Choice Date: _____