

TEACHER ENROLLMENT FORM

Please refer to the "Instructions for ordering Audubon Adventures" on the back of the Chapter Order Form



SEND TO

School Name _____
(please print)

Teacher _____
first name last name

School Address _____

City _____ State _____ Zip _____

e-mail _____ Phone () _____

Grades taught 3 4 5 6 7 other (please specify) _____

If you are in one of these states please circle to receive state standards:
CA DE FL IL MO NV NM NY OH PA TX WY

Number of Classroom Kits to this teacher:
_____ (CK0809, unless otherwise specified on chapter order form)

Number of Individual Kits to this teacher:
_____ (IK0809)

SEND TO

School Name _____
(please print)

Teacher _____
first name last name

School Address _____

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e-mail _____ Phone () _____

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