

# MODESTO NUTS READING PROGRAM ENROLLMENT FORM 2019

School Name:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

School Coordinator/Contact:

E-mail Address:

Coordinator Phone Number:

Number of students participating in the Nuts Reading Program:

Number of classrooms participating in the Nuts Reading program:

Number of administrators participating in the Nuts Reading Program:

Would you like an appearance by a mascot to kick off your program?

Please choose two potential dates/times for your mascot appearance. (15-20 minute assembly)

1.Date:           Time:

2.Date:           Time:

Four-Week period during which your program will run: \_\_\_\_\_ to \_\_\_\_\_

Please select the date of the game that your school would like to attend:

**(Rank from 1-3 with 1 being your first choice. All attempts will be made to fill first choice. Please allow a two week window after your last week of the program for ticket distribution)**

Sunday, April 14 at 2:05pm	<u>    FULL    </u>
Monday, April 15 at 7:05pm	_____
Tuesday, April 16 at 7:05pm	_____
Monday, April 29 at 7:05pm	_____
Tuesday, April 30 at 7:05pm	<u>    FULL    </u>
Tuesday, May 7 at 7:05pm	<u>    FULL    </u>
Tuesday, May 21 at 7:05pm	<u>    FULL    </u>
Sunday, May 26 at 2:05pm	_____
Sunday, June 2 at 2:05pm	_____

Please Email or Fax to:

**Deanna**

Deanna@modestonuts.com

Fax: (209) 572-4490

Call **Deanna** with Questions  
at **209-343-8722**