



**CURRICULUM  
REQUEST  
TEACHER'S  
FORM**

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**School/Organization Name**

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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Name</b>	<b>Phone</b>	<b>Email</b>	

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**MATERIAL ORDER**

CURRICULUM

USB THUMB DRIVE QTY: \_\_\_\_\_

BINDER QTY: \_\_\_\_\_

**WHERE DID YOU HEAR ABOUT THE CURRICULUM?**

<input type="radio"/> Bowing Center	<input type="radio"/> Teacher
<input type="radio"/> Friend	<input type="radio"/> PTO/PTA
<input type="radio"/> Community Event	<input type="radio"/> SHAPE or AHPERD Convention
<input type="radio"/> Bowler's Ed Specialist	<input type="radio"/> School Family Media
<input type="radio"/> Bowl.com	<input type="radio"/> Other: _____

**COMMUNICATION**

Yes, please contact me regarding information about Bowler's Ed In-School Bowling opportunities, grant information, and special bowling events.

– Yes, sign me up

By checking this box, you agree to have your email added to our Teacher's email database. Your information will not be shared with any 3<sup>rd</sup> party organizations. You will only receive information as suggested above and will be able to unsubscribe at any time from our communication.

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