

TMBUK2 STEAM LABS

School Registration
2019/2020

School Name: _____

School Board: _____ Telephone: _____

School Address: _____

Start: _____ Recess#1: _____ Recess#2: _____ Lunch: _____ PM Start Time: _____ Dismissal: _____

Class Booking #1

Teacher Name: _____ Grade: _____ Class Size: _____

Email: _____ Time: AM PM

Topic ID: _____ Topic Name: _____

1st Date Choice: _____ 2nd Date Choice: _____ 3rd Date Choice: _____

Additional Notes: _____

Class Booking #2

Teacher Name: _____ Grade: _____ Class Size: _____

Email: _____ Time: AM PM

Topic ID: _____ Topic Name: _____

1st Date Choice: _____ 2nd Date Choice: _____ 3rd Date Choice: _____

Additional Notes: _____

Class Booking #3

Teacher Name: _____ Grade: _____ Class Size: _____

Email: _____ Time: AM PM

Topic ID: _____ Topic Name: _____

1st Date Choice: _____ 2nd Date Choice: _____ 3rd Date Choice: _____

Additional Notes: _____
