

REGISTRATION FOR Fiction & Non-fiction Reading Power

FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP: _____

COUNTRY: _____

PHONE: _____

FAX (OPTIONAL): _____

EMAIL: _____

LEVEL PRESENTLY TEACHING:

Primary () Intermediate () Middle School () Other _____ ()

MAKE CHEQUES PAYABLE TO: School House Teaching Supplies, Ltd.

MAIL CHEQUE AND THIS FORM TO: 2014 Douglas Street, Victoria, B.C. V8T 4L1