



BLOCK Fest® HOST REGISTRATION FORM

BLOCK Fest® Host Virtual Workshop

Please PRINT Legibly

Save and print document – email to info@twigafoundation.org – OR – fax to 208.401.9264

Name: _____ Date: _____

Organization: _____

Dept: _____

Title: _____

PERSONAL CONTACT INFO
(in case we can't contact you through current organization)
↓ ↓ ↓

Address: _____ Address: _____

City: _____ City: _____

ST, Zip: _____ ST, Zip: _____

Wk Phone: _____ Ext: _____ Home Ph: _____

Wk email: _____ Cell Ph: _____

Website: _____ email: _____

The registration fee is \$350 per person Includes Training Materials and Virtual Training

Preferred training date: _____ check website for training dates www.blockfest.org

Please check appropriate box/boxes:

- Registration to be paid by (name of organization/company) _____
- Enclosed is check number _____
- My check has been/will be mailed to Twiga Foundation on (date) _____
- Check will be sent by: (name, company, ph#): _____
- Please send an invoice to (name of organization/company) _____

I have a degree in education and/or I am certified to train others (*Parents as Teachers* or other curricula): Yes

Please list year, degree and certification: No

Year	
Year	
Year	

BLOCK Fest® activities are reported quarterly by each Certified Host. Will you be responsible for submitting event information of your organization's BLOCK Fes® activities to the Twiga Foundation? Yes No

If not, who will have this responsibility? _____

X _____
Signature Title

_____ Date
Name (please print)