



FARGO FORCE

READING PROGRAM SIGN UP

2022-23

INFORMATION

School Name _____

Teacher Name _____

Grade _____

E-Mail _____

Address _____ **State** _____

Zipcode _____

HAVE YOU PARTICIPATED IN THE FARGO FORCE READING PROGRAM BEFORE?

☐ **YES**

☐ **NO**

Number of Students _____

Number of Classrooms _____

Number of Teachers _____

Please return this to Sami Johansen at
5225 31st Ave S
Fargo, ND 58104

or email to Samij@fargoforce.com