



# WatchDOGS Registration Form for



## NAVARRO INTERMEDIATE CAMPUS

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Do they offer paid Community Service hours?      **Yes** or **No**

Would your employer consider being a funding partner for the school or the WATCH D.O.G.S.® Program?      **Yes** or **No**

If yes, whom should the coordinator contact? \_\_\_\_\_

Student's Name(s):  
\_\_\_\_\_

Homeroom Teacher(s):  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### **Please return this form to one of the following locations:**

1. Scan and email to- **bernie.martinez@nisd.us**
2. Fax to **Attention: Bernie Martinez 830-401-5580**
3. Drop the form off at the office.
4. If you have questions, please contact **Bernie Martinez 830-372-1943 Ext. 3109**