



ENROLLMENT FORM

Date: / /

Group Information

Group Name:			Group Phone: () -		
Address:			Group Fax: () -		
City:	State:	Zip code:	Age Range:		
Total Group Enrollment:	League:		Group Website		
Comments:					

Donation Information

10% of Each Net Sale* is Donated to the Sponsor Organization!

How Would You Like to Receive Your Donation?			<input type="checkbox"/> Cash		<input type="checkbox"/> Supplies	
Org. Name:			Org. Type:			
Address:			Org. Phone: () -			
City:	State:	Zip code:	Org. Fax: () -			
Contact Name:			Contact Phone: () -			
Contact Email:			Contact Fax: () -			
<p align="center">Referral Bonus Program Refer another group and receive a one time 3% donation of their net sales.</p>			How did you hear about our program? PHONE FAX EMAIL INTERNET REFERRAL			
Comments:						

Program Setup Information

All Supplies Will be Delivered to the Homes!

Comments:

THANK YOU FOR THE OPPORTUNITY TO ASSIST YOU WITH YOUR SCHOOL SUPPLIES.

Authorized Signature	Title	Date
X		

FOR EZSCHOOLSUPPLIES.COM USE ONLY

Coordinator:	Account #:
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*Net Sale means product sales less S/H and applicable taxes.
Please See FAQ's for Additional Information.

**Return this completed form to EZSS - Fax: 303-858-8839 - Phone: 888-571-1878
1746 Cole Blvd. Bldg. 21, Suite 225 Lakewood, CO 80401-3208**