



# ENROLLMENT FORM

Date:     /     /

## School Information

School Name:			School Phone: (     )     -		
Address:			School Fax: (     )     -		
City:	State:	Zip code:	School Level:    ES    MS    JHS    HS		
First Day of School: ___/___/___		Last Day of School: ___/___/___		School Type: Public   Private   Charter   Other	
Total Enrollment:		Principal:		School Website:	
# of Teachers:		School Mascot:		School Colors:	

Comments:

## Donation Information

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

### How Would You Like to Receive Your Donation?

Cash

Supplies\*\*

Org. Name:			Org. Type: PTA   PTSA   PTO   PTSO   OTHER		
Address:			Org. Phone: (     )     -		
City:	State:	Zip code:	Org. Fax: (     )     -		
Contact Name:			Contact Phone: (     )     -		
Contact Email:			Contact Fax: (     )     -		

### Referral Bonus Program

Refer another school and receive a one time 3% donation of their net sales.

How did you hear about our program?

PHONE   FAX   EMAIL   INTERNET   REFERRAL

Comments: \*\* If you choose "Supplies" please provide us with your wish list.

## Program Setup Information

### Choose a Delivery Option!

Deliver All Supplies To The Homes (UPS Rates Apply)

Deliver All Supplies To The School (FREE Shipping - min. 50 orders) Delivery Date: \_\_\_/\_\_\_/\_\_\_

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**