

2010-II

BOOK IT!® Order Form



Program Dates: October 1, 2010 - March 31, 2011

All materials are free!

Materials are available on a first come, first served basis.

Address:

The BOOK IT! Program
P.O. Box 2999
Wichita, KS 67201

Phone: 1-800-426-6548
(Monday-Friday, 9 a.m. - 4 p.m., CT)

Fax: 1-316-685-0977

Web site: www.bookitprogram.com

A
Your School Information

Principal _____

School Name _____

Address _____
Materials cannot be shipped to a P.O. Box

City _____

State _____ Zip _____

Phone (____) _____

Ship to the attention of: _____

E-mail _____
(By providing your e-mail address, you are permitting BOOK IT! to send you information via electronic mail.)

B
Your District Information (if applicable)

Superintendent _____

District/Diocese _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

C
Classroom Packet Quantity (K-6th grade)

Each participating classroom needs one packet

Grade	Total # Classes**	Total # Students**
K*		
1		
2		
3		
4		
5		
6		
Resource/ Special Needs		
Total		

* Morning and afternoon classes each need a packet.
** Please estimate, if necessary, based on current classes/students.

I'm a BOOK IT! Backer! I will distribute packets to the teachers and do my best to ensure the reading award certificates are used only to encourage reading and not sold or transferred in ways that are against BOOK IT! guidelines.

Authorized Signature

Title

Date