School	
Teacher	
Email address	
School Address	
City/State/Zip	
School Type (circle one): ELEM JR/M	HS Fax #
Drop location	
Grade(s) & Subject(s)	
Phone	Best Time to call
Days/copies per day requested (minimum	of per day; maximum of per day)
MonTues WedThurs	s Fri Sat Sun
Date to start delivery:	Date to stop delivery:
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