

RESERVATION FORM



Fax to: 1.866.655.8260
or Mail to:
Kid's Choice
PO Box 2180, Davidson, NC 28036

Toll Free: 1-800-774-4474

SHIPPING ADDRESS - ADVISE SCHOOL SECRETARY AND CUSTODIAN OF THIS SHIPMENT.

School Name: _____
Street Address: _____
City/State/Zip: _____
School Phone: _____
Attention: _____

REFERENCE INFORMATION - ASSIGN A PERSON TO BE RESPONSIBLE FOR YOUR PROGRAM.

Contact Name: _____
Street Address: _____
City/State/Zip: _____
Day Time Phone: _____
Night Time Phone: _____

PROGRAM INFORMATION - PLEASE FILL OUT COMPLETELY!

School Enrollment: _____
Shop Start Date: _____ Ending Date: _____
Dollar Amount Sold Last Year: _____
(We will send 120% of what you sold last year, unless enrollment has changed) If you did not have a Holiday Shop last year we will send about \$1,500 worth of merchandise per 250 students.
Date You Would Like Supplies By: _____
Date You Would Like Merchandise By: _____
(Be prepared, let us ship early if you have the space)
Sponsor Signature: _____

We agree to pay return freight for all supplies and merchandise, if this shop is cancelled after shipment is received.