

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		
<b>Total</b>		

\* 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