



Registration and Payment

Parent / Guardian Name: _____

Phone: _____

Email: _____

Child's Name: _____

(Please print clearly – name will be used for printing labels)

Name of School: **West Heights**

Grade & Package Required: _____

for Store Use – payments in store - PLEASE ATTACH COPY OF RECEIPT sku 324964

YOUR SCHOOL TOOLS REPRESENTATIVE IS **JAIME STROCEL**

IF YOU HAVE ANY QUESTIONS ABOUT THE PROGRAM, WEBSITE OR HAVE AN ITEM TO EXCHANGE, PLEASE CONTACT JAIME @ jaime.strocel@staples.ca

All supplies are guaranteed for quality and have our EASY exchange warranty.

Your kit will also include free labels.

All orders placed before June 15th will also go into a draw to win your kit for **FREE**.

A portion of every kit sold goes directly to your PAC!