



REDEMPTION FORM

Please use this form for redeeming. Copy and save for future use.

School Name: _____

Principal Name: _____

Contact Name for Rebate Program: _____

School Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Student Enrollment: _____ Grades : _____

Are you currently working with a local uniform or shoe retailer? _____

If yes, Retailer Name: _____

City/State: _____

Please submit form and coupons to :

School Issue
Redemption Dept.
115 Trimfoot Terrace
Farmington, MO 63640

Minimum Redemption: 25 coupons

Comments: _____

For any questions, please contact 1-800-325-6116, ext. 255.