

2014-2015 STUDENT ACHIEVEMENT PROGRAM ORDER FORM

Please complete the following information:

(PLEASE PRINT CLEARLY)

SCHOOL NAME					
SCHOOL CONTACT PERSON					
SCHOOL STREET ADDRESS					
CITY, STATE, ZIP					
PHONE NUMBER	FAX NUMBER				
E-MAIL ADDRESS OF CONTACT PERSON					
		Put a cl	neck mark i	n the quanti	ty you need.
		250	500	1,000	Other Qty. (List How Many)
Certificate of Excellence					
Bookworm Award					
Perfect Attendance					
Academic Achievement					
Great Sportsmanship					
Good Citizenship					
Student of the Month					
You're A Superstar					
All A's					
Good Conduct					
Honor Roll					
Excellence in Reading					
Excellence in Math					
Merit List					
Postive Behavior					
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Lastom: Custom: Custom: Custom: Custom:					
୍ରିଞ୍ଚ Custom:					
Please fax this order Or scan and e-mail	form to Amy Dogo to amydogood@iho				90.

IHOP USE	IHOP STORE #	STORE PHONE
ONLY	STORE ADDRESS	