

PREORDER FORM

Please include separate check payable to: VCS Scrip

*** Preorders may **NOT** be returned or exchanged ***

Date: _____

Purchaser's Name (If different than tuition reimbursement) _____

Phone No. _____

(BETWEEN THE HOURS OF 10 - 1)

Parents First and Last Name for Tuition Rebate: _____

NAME	Denom	Qty	\$\$\$\$
AIRLINES			
American Airlines	4%	100	
Delta Airlines	4%	250	
Delta Airlines	4%	500	

NAME	Denom	Qty	\$\$\$\$
AUTOMOTIVE			
Auto Zone	9%	25	
Chevron	2%	250	
		100	
Exxon/Mobil	2%	250	

--	--	--	--

Grocery Store			
Whole Foods	3%	100	

Speciality Stores			
1-800-Flowers	14%	20	
Ace Hardware	4%	25	
Barnes & Noble	9%	25	
Bass Shop	9%	100	
		25	
Brookstone	14%	25	
Cabela's	11%	50	
		25	
CVS	4%	100	
Disney	3%	500	

NAME	Denom	Qty	\$\$\$\$
SPECIALTY STORES			
Express	11%	25	
Footlocker	9%	25	
Finish Line	11%	25	
Game Stop	3%	25	
Groupon	9%	25	
Gymboree	14%	25	
Hallmark	4%	25	
Home Depot	4%	500	
Home Depot	4%	1000	
Journey's	9%	25	
Kmart	4%	25	
Lady Foot Locker***	9%	25	
Lane Bryant	7%	25	
Lowe's	4%	500	
Lowe's	4%	1000	
Menards	3%	25	
Men's Warehouse	3%	25	
Motherhood	10%	25	
Pier 1 Imports	9%	25	
Sam's Club	2%	250	
Sears	4%	250	
Shopko	3%	25	
Shutterfly	11%	25	
Sunglass Hut	9%	25	
Staples	5%	100	
Target	2%	10	
TJ Maxx	7%	100	
Walgreens	6%	100	
Walmart	2%	10	
Walmart	2%	250	

NAME	Denom	Qty	\$\$\$\$
RESTAURANTS			
Bubba Gump	10%	25	
Buca di Beppo	8%	25	
Dave and Busters	7%	25	
Hard Rock Café	10%	25	
Krispy Kreme	8%	10	
LongHorn Steakhouse	9%	25	
Texas Roadhouse	8%	25	

HOTELS & TRAVEL			
Avis	6%	50	
BedAndBreakfast.com	15%	50	
Budget Rent a Car	8%	50	
Carnival Cruises	8%	100	
Clarion	4%	100	
Comfort Inn	4%	100	
Hyatt Hotels	9%	100	
		25	
Quality	4%	100	

Notes:
ANY PREORDER CANNOT BE RETURNED OR EXCHANGED

Business Office

____ I/My Child will pick up my scrip at (circle one):

____ I want my scrip mailed in the **Enclosed, Self-addressed, Legal envelope. Please Use 3 Stamps.** I will accept responsibility for the safety of the scrip once the scrip personnel has placed it in the mailbox.

Signature _____

____ I want my child to receive my scrip. Child's Name _____ Grade _____ Room No. _____ (Elementary only). I understand that I/my child is responsible for the scrip once it has been received from the scrip personnel or teacher.

CHECK NO	AMT	CHECK NO	AMT	CASH AMT	TOTAL AMOUNT RCVD
	\$		\$		
	\$		\$		
	\$		\$	\$	\$

Returned Check Charge: \$20.00 for each item returned.

HOURS: Live - Tues & Thur 8-9:30 Thur 8-9:30 at the Middle School; **Drop off orders** - any campus by 9am - Tues thurs & Fri. Returned to office when shipment is received.