

**Please print this form and include it with your order form.  
Make extra copies if needed.**

## Schools to Be Licensed

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

School's Address & Zip \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

School's Address & Zip \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

School's Address & Zip \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

School's Address & Zip \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

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School's Address & Zip \_\_\_\_\_