

<u>NIE 2009-2010 Order Form</u>

Teacher's Name: _		School:
School Address: _		
Grade:	_ Room:	_ School Phone #:
Email Address:		

Please fill out this form choosing which days of the week you wish to receive papers. Keep in mind that the days of the week you choose the papers will be delivered in the afternoon of that day. Weekend papers will be delivered with Monday afternoons papers. **There will be no advertisements included** **There is a minimum of 5 papers per day**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
NUMBERS OF	PAPERS REQUE	STED				
Would you l	ike to take ac	•	ur e-Edition inst No	ead of our prir	nt copy?:	
Please return	n this form as s	soon as possit	ole so we can get	your papers st	arted for nex	t school year!
Teacher's Sig	gnature:					
Return this o	order form to:	c/o The PO Bo Aberde	a Griffin e Daily World x 269 een, WA 98520 537-3990 or (360)	537-3911		