

SCRIP

**ARE THERE ANY
STORES OR
SERVICES YOU
WOULD LIKE TO SEE
AVAILABLE?**

**DENTAL, CAR REPAIR, RESTAURANTS,
GROCERY OR RETAIL STORES, GOLF COURSES,
CHIROPRACTORS, SPA SERVICES, BEAUTY
SALONS, ETC.....**

**WE WILL FOLLOW-UP ON ANY SUGGESTION.
IF YOU HAVE A CERTAIN BUSINESS YOU
DEAL WITH, GIVE US THEIR NAME AND
PHONE NUMBER OR SO WE CAN CONTACT**

**THEM AND SEE IF THEY WOULD LIKE TO
OFFER THEIR SERVICES THROUGH SCRIP.**

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COMPANY NAME _____

PHONE # _____

ADDRESS _____

CONTACT NAME _____

PLEASE RETURN TO SCHOOL OFFICE