

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form A

Single Step Program | Artwork

School/Organization Information:

School/Organization:		School Account Code:
Address:		
City:	State	Zip:
Contact		Phone #:
Weekdays you will be closed:		

Artwork Details:

Number of artworks sent:	Number of classes:
---------------------------------	---------------------------

- * Please note that if the organization is unable to complete the program and send in orders, the organization will be responsible for paying 100% of the Preview Magnets produced.
- * Original Works cannot accept any late artwork for the magnet phase of the program. If a child misses the magnet phase of the program, they are still eligible to submit an order for any product during the Order Phase of the program, but will not receive a preview magnet.

Send to:**ORIGINAL WORKS****54 Caldwell Road • Stillwater, NY 12170 • 800-421-0020**