INTERNAL USE ONLY:
CODE:
RECV'D BY:
DATE:

Shi	ppin	g Fo	rm A
Preview	Magnet	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 <u>cannot accept</u> 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.