

# Summer Skills School Order Form

Phone: 1-800-411-8186

School PO# \_\_\_\_\_

Date \_\_\_\_\_

School Name \_\_\_\_\_ Contact Name \_\_\_\_\_

School Address \_\_\_\_\_ Position \_\_\_\_\_

Desired Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Number of Grade Level Books Desired

| Review Book                  | Pre-K | Kindergarten | Grade 1 Review | Grade 2 Review | Grade 3 Review | Grade 4 Review | Grade 5 Review | Grade 6 Review | Grade 7 Review | Basic Math Review for the Middle Grades | High School Prep | Prealgebra Review | Algebra I Review | Geometry Review | High School Math Review | Math for Life Review | Total Books |
|------------------------------|-------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|------------------|-------------------|------------------|-----------------|-------------------------|----------------------|-------------|
| Summer Math Skills Sharpener |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |
| Summer Language Arts Review  |       |              |                |                |                |                |                |                |                | NA                                      |                  |                   |                  |                 |                         |                      |             |
| Touch The Future Keyboarding |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |
| Study Skills Sharpener       |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |
| Spanish I Review             |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |
| Spanish II Review            |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |
| French I Review              |       |              |                |                |                |                |                |                |                |   |                  |                   |                  |                 |                         |                      |             |

### To Place Order:

Phone: 800-411-8186

or

Fax: 800-280-9269

To avoid duplication, DO NOT mail paper copy. Please verify all faxes by phone: 800-411-8186.

or

### Mail:

Summer Skills  
2921 Wilson Dr. NW  
Grand Rapids, MI 49534

Method of payment:  Check payable to Summer Skills  Check enclosed  Credit Card  Tax Exempt Certificate Enclosed\*

Payment is due upon receipt of books

**Included:** Shipping and handling (UPS Ground)

Total Books \_\_\_\_\_ X \$ \_\_\_\_\_ ea. = \_\_\_\_\_ Amount Due

Please email my invoice to \_\_\_\_\_  
Billing address: \_\_\_\_\_

### Shipping Address (if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Information:

Acct. Name \_\_\_\_\_

Acct. No. \_\_\_\_\_ Exp. \_\_\_\_\_ CCV \_\_\_\_\_

Is this a residence? Yes  No

\* To assist in our efforts to comply with changing sales tax laws, please enclose a properly executed sales tax exemption certificate if you are an exempt institution.