

Deliver to:

Teacher _____

Email address _____

School _____

School Address _____

City/State/Zip _____

School Type (circle one): ELEM JR/M HS Fax # _____

Drop location _____

Grade(s) & Subject(s) _____

Phone _____ Best Time to call _____

Fax _____

Days/copies per day requested (minimum of ___ per day; maximum of ___ per day)

___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Date to start delivery: _____ Date to stop delivery: _____

Dates school will NOT be in session: _____

Figuring costs:

Name of newspaper _____

Which apply? _____ print _____ e-edition

Total days: _____ x # of copies per day/wk: _____ x rate: \$ _____ @ _____ per edition = \$ _____ total

_____ % sponsor funded, _____ % due from school

Purchase Order # (required unless payment is enclosed) _____

Teacher's Signature _____ Date _____

Complete the order form and payment information above and send to your newspaper:

For activities and lessons on using newspapers for teaching and learning, visit
http://www.ncpress.com/ncpf/ncnie/For_Teachers/freematerial.html