



22ND ANNUAL COATS FOR KIDS SCHOOL PARTICIPATION FORM

We look forward to having your school as a collection partner.

Please fill out this form and fax it to 978-851-2729

School Name: _____

Primary Contact: First Name: _____ Last Name: _____

Email: _____ Phone: (____) - ____ - _____

School Address: _____

City: _____ State: _____ Zip: _____

Check One: Elementary School Middle School High School
(includes k-8)

Total # of enrolled students: _____ Flyers Needed: _____

Would You liked to be enrolled in the school rewards program? Yes No

Comments/Questions: _____

Prizes are awarded to schools that collect the most coats per student enrolled. Any school that wins for three consecutive years will have one year of ineligibility for prizes.

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