

SCHOOL/ORGANIZATION INFORMATION Please print and complete all information.
Mail form to: Art By Me, Inc. PO Box 5290 Concord, NC 28027 or fax this form to: (704) 795-6210

School: _____ Grade levels: _____

Participating Students: _____ # Classrooms _____

Street: _____ City/town: _____

State: _____ Zip: _____ County: _____

School Phone: _____

School Fax: _____

School type (Public, Private, Preschool, Other): _____

Session desired: Fall/Spring: _____

First day school session: _____

Last day of school for this session: _____

School holidays (Fall break, Winter break, Spring break, teacher workdays that apply to session):

Other dates to plan program around (a bookfair, other fundraisers): _____

Art teacher (name): _____

Principal (name): _____

Reference or how you heard about Art By Me: _____

Notes: _____

Program Organizer: _____

Address -Street: _____ City/town: _____

State: _____ Zip: _____

Phone Numbers- home: _____ mobile: _____

work: _____ email: _____

SALES TAX INFORMATION

Please provide the appropriate forms verifying NC Sales and Use Tax exemption with this form .Sales Tax Exempt (Circle one please) : No Yes

If yes, please provide the appropriate forms verifying NC Sales and Use Tax exemption with this form.