



Smith&Jones Dough Program 2009 - 2010

SCHOOL INFORMATION SHEET

DOMINO'S INFORMATION

Date Signed _____ Domino's Contact Person _____
 Domino's Pizza Company Name _____
 Domino's Franchisee _____
 Billing Address _____
STREET CITY STATE ZIP
 Phone _____ Fax _____

SCHOOL INFORMATION

School Name (Complete) _____
 School Contact Person _____
 Principal PTA President Other, specify _____

SHIPPING INFORMATION

School Store Office Other, specify _____
 Attention _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____

DAY of week of Dough Night _____
Third Monday, Second Tuesday, First Wednesday, etc.

Qty _____

- DATES:** August _____
 September _____
 October _____
 November _____
 December _____
 January _____
 February _____
 March _____
 April _____
 May _____
 June _____
 July _____

DOES THIS SCHOOL WANT . . .

Reminder Stickers Yes No

NOTE: Stickers come in increments OF 250 with a 250 minimum

SELECT ONE OF EACH

LETTER STYLE

- 29-1502 (2-color, no perf)
 29-1509 (4-color, no perf)
 Perfining add'l \$3.25 per M
 29-1511 (4-color mini)

STICKER STYLE

- 32-1500 (black on fluorescent red)
 32-1506 (red & blue on white)

Stores to include on this Dough Letter:

NOTE: FORM MUST BE COMPLETELY FILLED IN