



Partners in Education

2020-2021 School Year

## Enrollment Application

Please fax or e-mail the completed application and signed Terms & Conditions form to 717-626-0499 or schoolrewards@skh.com. Any questions please e-mail schoolrewards@skh.com or call 717-626-4771 x 7212.

Name of School \_\_\_\_\_

School Street Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

Federal Tax Identification Number or EIN Number \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### Please read, and initial and follow the instructions below:

- \_\_\_\_\_ I have attached and signed the Terms & Conditions. Please note this is required for program consideration & participation.
- \_\_\_\_\_ I have completed my W-9 Tax Form. Please note this is required for program consideration & participation.



**Rohrerstown**  
301 Rohrerstown Rd.  
717-397-4719

**Lititz**  
1050 Lititz Pike  
717-627-7654

Connect with Us  
      
www.skh.com