Paid Order Form

Please call your Scholastic Book Fairs Sales Consultant, or to expedite and ensure accuracy, simply fax.

School Name ______________________________

Address ______________________________

City ____________________ **State** __________ **Zip** __________

Phone ______________________________

Chairperson's Name ______________________________

Phone ______________________________ ☐ **Student/Parent Order**

Book Fair Dates ______________________________ ☐ **Book Profit Order**

Book Title	Item # (required)	Unit Price	Total Price	Pre-Paid Y/N	Quantity
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
		$0.00	$0.00	No	0
				TOTAL	$0.00

Filled By ______________________ **Date** __________ **Shipped Via** ______________________

Preschool Book Fairs • Phone 1-800-557-7323 • Fax 1-740-657-3790

SCHOLASTIC