



2019-2020 REGISTRATION APPLICATION

FULL NAME OF SCHOOL: _____ GRADES: _____

SHOP\$MART COORDINATOR: _____

E-MAIL ADDRESS: _____ PHONE #: _____

PRINCIPAL: _____ SCHOOL PHONE: _____

PRINCIPAL'S EMAIL: _____

SCHOOL MAILING ADDRESS: _____

Thank you for signing up for this year's program. We look forward to working with you.
Good luck an Shop\$mart!

Return your completed form by any means of the contact info below:

e-mail: nanettev@codding.com Fax: (209) 723-3558

Mail: Shop\$mart Mall Program Director, 713 Merced Mall - Mgmt Office, Merced, CA 95348

Program begins September 1. Sign-up deadline is September 15th.

