

RESERVATION FORM

 <p>S.C. Kids Korner Gift Shoppes® Mike Southern 2000 Holiday Dam Road Belton, SC 29627 Office - 1-888-276-3538 Toll Free Fax - 1-888-288-1695</p>	<p><i>Teaching Children the Joy of Giving!</i></p> 
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SCHOOL NAME:			GROUP TYPE:		
CHAIRPERSON:			DAYTIME CONTACT PHONE:		
BILLING ADDRESS:			CHAIRPERSON'S HOME PHONE:		
CITY:	STATE:	ZIP CODE:	CHAIRPERSON'S EMAIL:		
SHIPPING ADDRESS (If Different)			SHIPPING CITY & ZIP (If Different)		
SCHOOL OR DELIVERY ADDRESS TELEPHONE NUMBER			NUMBER OF STUDENTS IN YOUR SCHOOL		
PRESIDENT'S NAME:			HOME or CELL PHONE NUMBER:		
TREASURER'S NAME:			HOME or CELL PHONE NUMBER:		
DID YOU RUN A SHOP LAST YEAR? () YES () NO IF YES, WITH WHOM? _____					
AND HOW MUCH DID YOU PURCHASE FROM THEM? \$ _____					
START DATE OF SHOP:		END DATE SHOP:		Circle your mark-up - 0% 10% 20% 30%	

We choose to run our program as a:

_____ Simple Inventory Program We understand at the end of the sale we will count the number of items in each price code, complete the inventory sheet and pay based on what we sell. We understand we do not have to count items in.

_____ No Inventory Program: We understand we do not have to count items in or out. We understand we **MUST** complete and return ALL paperwork that is required in the chairperson manual.

For Office Use Only:

Date Agreement Received: _____

Qualifies for signing bonus of Backpack Tote Bag: Yes or No

Group's request for Product & Terms:

We, the above named group, understand that Kids Korner® program is designed to run during school hours because it affords all the children in the school an opportunity to shop in a "Safe - Non-Commercial" atmosphere.

Therefore:

1. We understand that we may return all unsold merchandise for full credit and you will pay the freight both ways.
2. We understand we must keep the merchandise secure, use the company's accounting system and do our best to prevent shop lifting.
3. We understand we are to run the Gift Shop program for **three or more days during school hours**. _____ Intl.
4. We understand the company will provide us with FREE Flyers & Gift Guide Envelopes for the above number of students and a FREE supply kit of Table Cloths and Gift Bags for the merchandise we have ordered. We understand we return ALL unused supplies. _____ Intl.
5. We understand that there is no prepayment required and we agree to send payment for product sold within 24 hours of completion of our Gift Shop sale.
6. We further understand that we may not cancel this agreement after **October 1, 2010**. _____ Intl.
7. We understand that if we choose not to run the shop after **October 1, 2010** we will pay a \$500 per kit cancellation fee. _____ Intl.

DATE:	SALES REPRESENTATIVE:
Authorized Group Signature No. 1	Authorized Group Signature No. 2