SCHOOL ORDER FORM - FEWER THAN 3 COPIES PER DAY

PAGE 1 OF 2

To ensure that your order is processed in a timely and accurate manner, send a completed SCHOOL ORDER FORM with your purchase order or payment information.

- » Complete all sections of the order form.
- » Send only one copy.
- » Fax completed order to 612-673-4214 or scan and email to: leah.lawrence@startribune.com

≁The Minn	esota S	tarTribune
N	ĺ	E
NEWS IN	LEDII	CATION

	ORDERED BY	E-MAIL AD	DRESS		
ATION	SCHOOL NAME				
SCHOOL INFORMATION	SCHOOL PHONE NUMBER				
OOLIN	ADDRESS				
SCH	CITY		STATE ZIF	<u> </u>	
	DELIVERY LOCATION				<u> </u>
N					
BILLING INFORMATION	BILLING LOCATION				
INFOR	ATTENTION				
LLING	BILLING ADDRESS				
	CITY		STATE Z	IP	_^
	□ purchase order	(number)			
HOD	☐ check or money order enclosed (p	ayable to The Minnesc	ota Star Tribune-NIE)		
PAYMENT METHOD	□ credit card (check one): □ Maste	ercard 🗆 Visa	☐ American Express	□ Discover	
AYME	NAME ON CARD		CARD NUMBER		
_	EXPIRATION DATE		SIGNATURE OF CARDH	OLDER	^
<u>o</u>	METRO AREA	Monday – Friday	38 Wks \$142.50	\$.75 CENTS PER COPY	~
PRICING	OUTSIDE METRO AREA	Monday – Friday	38 Wks \$152.00	\$.80 CENTS PER COPY	
PR	GREATER-MN MAIL DELIVERY	Monday – Friday	38 Wks \$190.00	\$1.00 PER COPY	

JULY '25						
M	T	W	T	F		
	1	2	3	4		
7	8	9	10	11		
14	15	16	17	18		
21	22	23	24	25		
28	29	30	31			

of delivery days:

AUGUST '25						
M	T	W	T	F		
				1		
4	5	6	7	8		
11	12	13	14	15		
18	19	20	21	22		
25	26	27	28	29		

# of delivery days:		≀davs∙	delivery	# of

SEPTEMBER '25					
M	T	W	Т	F	
1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
29	30				

# of	delivery	/ davs:

OCTOBER '25						
M	T	W	T	F		
		1	2	3		
6	7	8	9	10		
13	14	15	16	17		
20	21	22	23	24		
27	28	29	30	31		

# of	delivery days	
# ()	delivery days	i.

NOVEMBER '25						
M	T	W	T	F		
3	4	5	6	7		
10	11	12	13	14		
17	18	19	20	21		
24/31	25	26	27	28		

# of delivery	daye.	

DECEMBER '25						
M	Т	W	Т	F		
1	2	3	4	5		
8	9	10	11	12		
15	16	17	18	19		
22	23	24	25	26		
29	30	31				

#	of	delivery	davs:	
π	ΟI	delivery	uays:	

JANUARY '26						
M	T	W	T	F		
			1	2		
5	6	7	8	9		
12	13	14	15	16		
19	20	21	22	23		
26	27	28	29	30		

# of delivery days:	
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FEBRUARY '26						
M	T	W	T	F		
2	3	4	5	6		
9	10	11	12	13		
16	17	18	19	20		
23	24	25	26	27		

[#] of delivery days: _____

MARCH '26						
M	T	W	T	F		
2	3	4	5	6		
9	10	11	12	13		
16	17	18	19	20		
23	24	25	26	27		
30	31					

#	\circ f	dolivory days.	

APRIL '26						
M	T	W	T	F		
		1	2	3		
6	7	8	9	10		
13	14	15	16	17		
20	21	22	23	24		
27	28	29	30			

# /	of dal	ivorv	daye.	

	MAY '26						
M	M T W T F						
				1			
4	5	6	7	8			
11	12	13	14	15			
18	19	20	21	22			
25	26	27	28	29			

JUNE '26						
M	T	W	T	F		
1	2	3	4	5		
8	9	10	11	12		
15	16	17	18	19		
22	23	24	25	26		
29	30					

of delivery days: _____ # of delivery days: _____