



School _____ Grade _____ Teacher _____

Student Name _____ Parent Name _____

Newburyport VIP Customer Information for the Newburyport PTO - **PLEASE PRINT CLEARLY**

| <i>First Name</i> | <i>Last Name</i> | <i>E-Mail Address</i> | <i>Phone Number</i> |
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* **FIRST 50 ORDERS RETURNED TO PTO WILL RECEIVE A FREE \$5 GIFT CARD FROM NIXS, TEN CENTER**

* In order to receive a free download of the Newburyport App, we must have accurate information for all of the above fields

* If card is a gift and you do not have the e-mail of recipient, please provide your e-mail and write the word GIFT next to phone number.

Support Local, Shop Small, Go VIP!