



# COLONIE CENTER \$CHOOL BUCK\$

## 2010-2011 Registration Form

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_

School Principal: \_\_\_\_\_

Total Enrollment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Bucks Coordinator: \_\_\_\_\_

Coordinator Phone #: \_\_\_\_\_

Coordinator Email Address: \_\_\_\_\_

Organization (PTA, etc): \_\_\_\_\_

*\*Please note that correspondence regarding the School Bucks Program will be sent via email.*

Completed form may be:

-Faxed to 518-459-2147, attn: School Bucks Program

-Mailed to 131 Colonie Center, Albany, NY 12205, attn: School Bucks Program

-Dropped off at the Guest Services Desk (lower level by CVS)



COLONIECENTER