



SCHOOL: _____

Please coordinate with other teachers from your location for multiple requests.

ADDRESS: _____

Street

City

ST

ZIP

TEACHER NAME: _____ CELL PHONE: _____

TEACHER EMAIL ADDRESS: _____

NUMBER OF STUDENTS: _____ GRADE(S): _____ CLASSROOM(S): _____

*Order Minimum 15 – Maximum 250**

Kaleidoscope art sacks are available for curbside pickup in front of **Kaleidoscope** on **Tuesday, MAY 4**, from 2:00-4:45pm and **Wednesday, MAY 5**, from 7:00-10:00am. (GPS Address: 2501 McGee, KCMO 64108)

PREFERRED PICKUP DATE FROM LIST BELOW (mm/dd): _____

All requests must be submitted by Thursday, April 15

Kaleidoscope Curbside Pickup _____

approximate pick-up time and color/type of car you will be driving

TUESDAY, MAY 4, from 2:00-4:45pm at **Kaleidoscope**

WEDNESDAY, MAY 5, from 7:00-10:00am at **Kaleidoscope**

**If interest exceeds supplies, we may decline or delay filling requests.*

