

## Nebraska Homeschool

## Group Coordinator Box Tops Submission Form

Please print clearly

Submitting for (please check one)  Octol	ber 20 <sup>th</sup>	February 20 <sup>th</sup>
Demographics		
Group or Organization Name:		
Group Coordinator Name:		
Address:		
Phone Number:		
Make group check payable to: (please designate the proper name)		
Box Tops Count		
Item	# of Each	\$ Value
# of 50 count bundles/bags		
# of Bonus or Special Box Tops		
# of extra Box Tops in final bundle/bag		
	TOTAL	\$
Final Checklist		
Please ensure the following items are completed before submission.		
Designate submission date at top of form		
Designate who group check will be payable to		
Complete Box Tops Counts		
Include a self-addressed stamped envelope		
Enclose all bundled/bagged Box Tops		
Ensure Box Tops reach NH-HEN Coordinator by deadline		
Signed Group Coordinator Box Tops Submission Form		
I certify that my group is eligible to participate in the NH-HEN Box Tops Program and that all Box Tops funds received from NH-HEN will be given to the applicant group named above.		
gnature: Date:		
Thank you for your dedication to your group! You can anticipate your group's check in late December/late April, after receipt of Box Tops funds.		
Office Use Only		
Process	Date	Initials
Submission received		
Box Tops Count verified		
Check mailed to group		