



**Sonja Gillis**  
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**SCHOOL INTEREST FORM**

**DOUGH RAISING NIGHTS**

*Please return form to your local store manager. Store locations can be found at [www.dominos.com](http://www.dominos.com)*

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

Number of Students: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Start Month of Dough Raising Program (i.e. August): \_\_\_\_\_

End Month of Dough Raising Program (i.e. May): \_\_\_\_\_

Dates of all Dough Raising Nights (i.e. 8/24/09, 9/28/09, etc.): \_\_\_\_\_

**STUDENT REWARD CARDS**

*Please fax Student Reward card requests to **Sonja Gillis @ 228-832-4824***

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

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Quantity: (Please circle quantity)    25    50    75    100    OTHER \_\_\_\_\_

**VIP EDUCATOR CARDS**

*Please fax VIP EDUCATOR CARD requests to **Sonja Gillis @ 228-832-4824***

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

Person requesting cards: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Number of cards needed for Teachers and Support Staff: \_\_\_\_\_

Request for additional brochures? \_\_\_\_\_ qty