



Boulder Book Store

EDUCATIONAL SERVICES

Educator Discount Program Application Form

Name*: _____

School Email*: _____

School Name*: _____

Grade & Subject Taught: _____

School District: _____

School Mailing Address*: _____

School Phone Number*: _____

Personal Phone Number (optional): _____

Personal Email (optional): _____

** These items are necessary for the processing of your application.*

*Please tear along the dotted line and return completed form to
Craig Shafer at Boulder Book Store*

1107 Pearl Street • Boulder, CO 80302
(303) 447-2074 • fax (303) 447-3946
schools@boulderbookstore.com