



Sound Vision™

helping tomorrow's Muslims today!

Sound Vision—School Partnership Agreement

If you would like to enroll in the Sound Vision-school partnership program, please complete the form below and mail/ fax it back to us. We look forward to serving you.

Name of School _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ FAX _____

Website _____ Email _____

Mark One: Full Time(Grades ___ to ___) Weekend only Both(full-time & Weekend)

Total enrollment _____ Year Established _____

Principal's Name _____, email: _____, Phone: _____

Authorized Person(to make purchases) _____, email: _____, Phone: _____

Treasurer/ Check writer _____, email: _____, Phone: _____

I hereby agree with the terms and conditions described in the Sound Vision School Partnership Program. I am authorized to make purchases for the school. I agree to purchase all books and multimedia products exclusively from Sound Vision for the next two years.

Signed

Name(please print)

Date