



BUNNY BUCKS MEMBERSHIP FORM

Please complete this form, make a copy for your records, and return
it to Grandrabbit's Toy Shoppe to enroll
in the Bunny Bucks program.

(Please print)

School Name:

School Tax ID:

School Address:

School Phone Number:

Name of Official Contact for Program:

Official Contact's E-mail Address:

Your Name: _____

Date: _____

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Send all forms and questions to Bunnybucks@grtoys.com