

# PUBLIX PARTNERS PARTICIPATION FORM

Publix Super Markets, Inc. (“Publix”) would like to invite your school to sign up for Publix Partners. When your school becomes part of Publix Partners, customers can choose to support your school and eligible purchases made at designated Publix stores will help your school earn money. For every \$37,500.00 in eligible purchases, your school will earn \$250.00. Checks will be distributed after each of Publix’s fiscal quarters if your school has accumulated a minimum of \$250.00 in earnings; anything less than \$250.00 will roll over to the next quarter. For full details and more information about Publix Partners, please visit [publix.com/partners](http://publix.com/partners).

Please note that participation in Publix Partners is subject to the included Publix Partners Participation Terms (“Terms”), which can also be found at [publix.com/partners](http://publix.com/partners). The Terms are subject to change, and schools are encouraged to visit [publix.com/partners](http://publix.com/partners) periodically to view the most current Terms.

In order to participate in Publix Partners, please complete, sign and return this form to:

Publix Super Markets, Inc.  
C/O Publix Partners  
PO Box 407  
Lakeland, FL 33802-0402

Once your completed form has been processed, your school will be available for customers to support as part of Publix Partners.

For questions related to the completion of this form, please contact Publix Customer Care during normal business hours at 1-800-242-1227 or visit [corporate.publix.com/contact](http://corporate.publix.com/contact)

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

Physical School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_\_ Grade Levels (grades offered by the school): \_\_\_\_ to \_\_\_\_

Principal’s Name: \_\_\_\_\_

Principal’s Signature: \_\_\_\_\_

School Email Address: \_\_\_\_\_

Publix Partners Administrator Name: \_\_\_\_\_

Publix Partners Administrator Phone Number: (\_\_\_\_) \_\_\_\_\_

Address of Local Publix: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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FOR PUBLIX INTERNAL USE ONLY

Assigned Publix Store Number: \_\_\_\_\_