



THE GOSHEN NEWS

Request for Classroom Copies 2008-2009

School: _____

Address _____

City: _____ St: _____ Zip: _____

Teacher: _____ Subject: _____

Begin Delivery: _____ End Delivery: _____

Teacher Signature (Required): _____

Number of Copies Requested Per Day:

Monday _____

Tuesday: _____

Wednesday: _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

(Sunday papers may be limited)

Return Fax: (574) 533-0839

Mail: The Goshen News,
P.O. Box 569
Goshen, IN 46527-0569



**Thank you for letting
The Goshen News be part of
your classroom!**