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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**. The Terms are subject to change, and schools are encouraged to visit **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.

New School				
Returning School with Updated Info				
Legal Name of School:				
Physical School Address:				
City:				
School Phone Number: (	)			
Grade Levels (grades offered l	oy the school):	· · · · · · · · · · · · · · · · · · ·	to	
School Email Address:				
Publix Partners Point of Contact:				
Publix Partners Point of Contact Phone Number: ()				
Address of Local Publix:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
City:	State:	· · · · · · · · · · · · · · · · · · ·	_ Zip Code:	
Principal's Name:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Principal's Signature:				
For Publix Internal Use Only:				
Assigned Publix Store Number	r:			