



# Enrollment Form

School Name: \_\_\_\_\_

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

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

- School Type:
- Elementary School
  - Middle School
  - High School
  - Other

Number of Students  
Attending This School: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_

Coordinator E-mail Address: \_\_\_\_\_  
(optional)

Please fax, or mail, to:

Save FIVE for Schools!  
c/o LAND O LAKES Milk  
2042 Wooddale Drive, Suite 190  
Woodbury, MN 55125

fax: 651-735-0050  
julie\_ohs@deanfoods.com

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LeMars, IA 51031

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