

Kindergarten Class Order Form

*To be used when visiting kindergarten classes only

EMAIL THE COMPLETED FORM TO
alberta.association@optometrists.ab.ca OR FAX TO 780-452-9918

Doctor's Name	
Clinic Name	
Clinic address	
Event Name	
Name of School	
Order Date	
Number of Students	
Contact Name	
Telephone	
E-mail Address	

MATERIALS AVAILABLE (see samples on the AAO website)	QUANTITY
Thank you activity cards	
Colouring books	
Fribbit Tattoos	
Fribbit Pencils	
Plush Fribbit (one per kindergarten class)	

Classroom Activity Kit (books are included in the presentation kit)

Date Required		Date of Return	
Date of School Visit			

A credit card is required for all AAO equipment loans. Damages, repair or replacement costs will be charged to the card number provided, following consultation with the responsible parties. In the case of missing items, the replacement cost will be charged to the credit card.

PAYMENT INFORMATION

☐ Visa ☐ MasterCard	Name on Card	Credit Card No.	Expiry Date month/year

Please Check One

☐ I will pick up from the AAO office on the following day: ☐ Ship to above address

As the doctor of optometry, I understand and acknowledge that:

- The kit must be returned in the same container and on the date of return noted above.
- The kit must be returned via a method in which a tracking number if provided (eg: Purolator or ICS).

Signature of doctor of optometry:	**Date:**

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