



Prize Reimbursement Form

NOTE: Your school is entitled to one prize per grade per month, as long as there are at least **20 students** participating in the Tefillah Power program from that grade. If the grade has **less than 20 students** participating, then please combine the grades so that there are, at a minimum, 20 students participating. After your grade holds the raffle, the Rebbe of the winner should submit this form. If the winner is not in your class, please keep this form for the next raffle.

SCHOOL NAME: _____ CITY/STATE: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

SCHOOL PHONE: (_____) _____ EXT: _____ FAX: (_____) _____

NAME OF STUDENT WHO WON (first and last name) _____

GRADE: _____ REBBE'S NAME _____

WHICH RAFFLE DID STUDENT WIN: (I.E. WEEK 4, WEEK 8 ETC.) _____

AMOUNT TO REIMBURSE: \$ _____

WHO SHOULD THE CHECK BE MADE OUT TO (PAYEE'S NAME)?: _____

PAYEE'S CELL PHONE NUMBER (_____) - _____ - _____

SCHOOL SHIPPING ADDRESS - Where reimbursement check should be sent:
Please write the shipping address exactly as it should appear on the shipping label.

NAME OR CONTACT: _____

SCHOOL: _____

STREET ADDRESS: _____

CITY /STATE / ZIP: _____

Please email this form to info@prayingwithfire.org