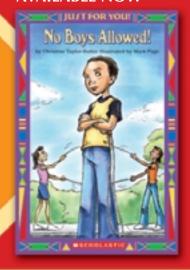
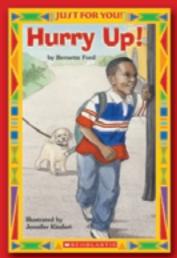
# JUST FOR YOU!

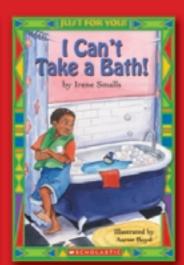
Scholastic is pleased to announce our new early literacy series, JUST FOR YOU! These 24 engaging books:

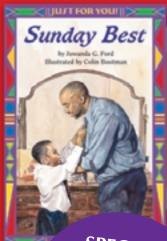
- Are created by authors and illustrators from diverse backgrounds.
- Present child-centered stories that support literacy learning.
- Include a note to the family, literacy activities and a meet the author and illustrator section.

### **AVAILABLE NOW**









SPECIAL INTRODUCTORY OFFER!

50% Off the Cover Price See back for details.

## Just For You books come in three levels to help build reading confidence.

- Level 1 simple words and short sentences for the newest readers.
- Level 2- vocabulary and sentence length for beginning readers.
- Level 3-longer stories with paragraphs and vocabulary that are more complex.



Remember Just for You! books make reading fun for everyone!

# JUST FOR YOU!™ Order Form

The complete Just for You! series will be available in the Spring of 2004. As a special introductory, offer, when you place an order for one of the first four titles by February 28, 2004, you will receive 50% off the cover price and FREE Shipping & Handling. THAT IS LESS THAN \$2.00 PER BOOK!





Address

City/State/Zip

Telephone #





Item	Title	PRICE	QTY.	TOTAL
YGQ 956849	Hurry Up	\$1.99		
YGQ 956852	I Can't Take a Bath	\$1.99		
YEQ 956856	No Boys Allowed!	\$1.99		
YEQ 956854	Sunday Best	\$1.99		

Amount \$ Shipping & Handling \$ Sales Tax(AZ,CA,NC,WA) \$ **Total Amount \$** 

1-800-SCHOLASTIC
(724-6527) choose option 3
FAX us at 1-800-560-6815
www.scholastic.com

**Send Orders To:** Scholastic Inc. PO Box 7502 Jefferson City, MO 65102

**RIF Projects Only:** 

Distribution Date: **Contract Number:** 

**Literacy Partners Only:** 

LP Authorization Number:

ORDERING INFORMATION:	PAYMENT INFORMAT		
Ship to: (please print)	□Payment enclose		

Bill me ( Program address only, see below.) Name

Signature

Telephone #

Bill to (if different from ship to):

Name

Address

City/State/Zip

#### TION:

ayment enclosed ( Payment must accompany all orders from individuals without academic affiliation.)

Order Authorized by Title

Purchase Order #

**BILL MY:** ■ Mastercard

□Visa ☐ American Express ☐ Discover

**Card Number** 

Expiration Date (month/year)

Signature of Credit Card Holder

**NEED EXTRA COPIES? PLEASE FEEL FREE TO** PHOTOCOPY THIS FORM.