



## BINDING WORKSHEET

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/COUNTRY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Please PRINT this and include it in your package and we will call you to go over the details before any work is done.

McSpadden Book Bindery  
911 West Benedict St.  
Shawnee, OK 74801  
405-275-7788