



DEAR PARENT/CAREGIVER,

SneezeSafe® is a health education program for schools, where your child will be learning about ways to stay healthy and prevent the spread of viruses.

You can help at home by talking about what the family can do to stay well and reminding them of the simple 1-2-3 message – Trap it! Bin it! Wash it!

We're giving away Warehouse Stationary gift cards to the best entry in each age category (5-6yrs, 7-8yrs and 9-11 yrs) and \$500 to the schools of the best entry in each age category (3 in total). Plus we're giving you and your family \$1 off **one KLEENEX® tissues product** to be used in your next supermarket visit. Simply cut out the attached coupon to redeem.

All entries can be submitted by 12th July, 2019 via email to info@sneezesafe.co.nz or send to Kimberly-Clark, PO Box 99-984, Newmarket, Auckland 1149.

For full Terms & Conditions visit www.sneezesafe.co.nz.

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\$1 off any KLEENEX® Tissues Product

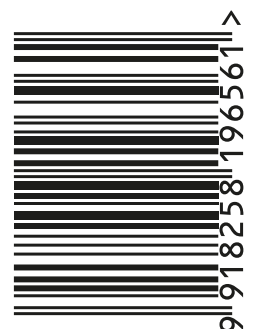
To the Customer: This coupon is non-assignable and is only valid upon purchase of any full priced **Kleenex® Tissues product before 31 August 2019**. Only one coupon can be used per product purchased, per transaction. This coupon cannot be used or exchanged for any other products, nor redeemable for cash. This coupon may not be used in conjunction with any other discount or special offer. This is an Internet Coupon; a black & white print is acceptable.

To the Retailer: Provided this coupon is redeemed in accordance with our customer offer, it will be credited in full, plus the normal handling fee by posting it to:

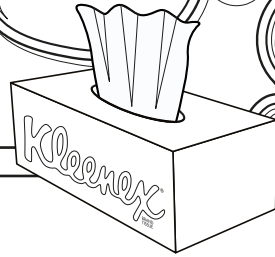
The Coupon Company, PO Box 47-319,
Ponsonby, Auckland.

THIS COUPON IS VALID UNTIL 31st August, 2019.

TCC 19656



Sneeze Safe®



COLOUR AND FIND THE WORDS!

A	Q	V	B	S	Z	K	T	A	V	Y	K	I	G	A	Q	X
P	D	W	S	D	F	J	E	T	I	S	S	U	E	C	X	Z
L	H	D	N	H	L	W	S	E	R	U	W	O	F	O	N	P
S	M	H	E	T	R	A	P	H	U	P	X	F	L	U	I	U
C	R	G	E	R	M	S	B	C	S	B	V	T	D	G	C	I
T	T	L	Z	I	P	H	H	Y	G	I	E	N	E	H	O	K
U	P	O	E	Y	U	Q	O	P	L	N	F	H	W	D	L	O
O	C	A	X	Z	V	Y	T	X	I	O	A	M	B	T	D	A
R	Y	U	P	U	B	I	T	F	L	A	P	T	X	O	I	P

Sneeze

Cough

Tissue

Germ

Bin

Wash

Trap

Virus

Flu

Hygiene

Cold

ENTRY FORM

Completed by:

Parent or teacher phone number:

Postal Address:

School Name: