

Calvin Christian School TRIP
(Tuition Reduction Incentive Program)
REGISTRATION FORM 2008/2009

Please SIGN and return ENTIRE form with your first order each school year!

To be filled in by any family who participates in TRIP:

Name _____
(Last First MI)

Address _____

City _____ State ____ Zip _____ Telephone (____) _____

We have read, understand and will abide by the policies of the TRIP program.

_____ Date ____/____/____

Oldest Student's name and grade _____

Direct earnings to: (please check one)

- My family's Fair Share Pledge
- Family of _____
- A Family chosen by CCS
- CCS General Operations Fund

Would you like to keep your donation confidential? Yes No

If you would like your student or another adult to be allowed to pick up your orders,
please sign the disclaimer on the following page.

Family Name: _____

Contact #s: _____

Acct #: _____

REMEMBER, CERTIFICATES ARE THE SAME AS CASH AND CCS, THE TRIP PROGRAM, AND MERCHANTS, WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ORDERS!!!

DISCLAIMER. Complete this part if your child is permitted to bring your certificates home. Your child will receive only the envelope of certificates ordered under your family number. Certificates will not be sent home with your child if there is not a signed disclaimer on file.

I AUTHORIZE THE CALVIN CHRISTIAN SCHOOL T.R.I.P. PROGRAM TO RELEASE MY T.R.I.P. GIFT CERTIFICATES TO MY CHILD OR OTHER LISTED ADULT. I WILL NOT HOLD Calvin Christian School OR TRIP Program RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name: _____ Grade: ____ Teacher: _____

Other Adult: _____ Phone #: _____

_____ Date ___/___/___

Signature