



V.I.P. Registration Form

Please SIGN and return with your first order.

1. To be completed once per school year by all who participate in the V.I.P. Program:

Last Name: _____

First Name(s): _____

Address: _____ Phone: _____

City: _____ Postal Code: _____

2. The V.I.P. Program directs

- 75% of the monies raised to you (in cash)**
- 25% of the monies raised to the Tuition Assistance Fund

**Or you may direct your funds to: ___Tuition reduction for: (_ Anonymously)
Family Name: _____

3. Gift Certificate Delivery/Pick-Up Instructions: (check one)

- Pick up at school on Friday afternoon (after 3:00 p.m.)
- "Kiddie-Kourier Mail" Child's Name: _____
Grade: _____ Teacher: _____

****Please sign waiver – part 4**

4. WAIVER/DISCLAIMER: Complete if a child (or other designated person) is permitted to bring your certificates home. This person will receive only the envelope of gift certificates ordered under your family number. Gift certificates will not be sent home if you have not signed this DISCLAIMER.

(Alternate delivery directions that mentions above can be given at the bottom of the VIP order form).

I AUTHORIZE V.I.P. REPRESENTATIVES TO RELEASE MY GIFT CERTIFICATES TO THE PERSON NAMED BELOW. I WILL NOT HOLD THE TRINITY CHRISTIAN SCHOOL V.I.P. PROGRAM AND/OR ITS REPRESENTATIVES RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Designated child (or other person) : _____ Date: _____

Signature: _____ Print Name _____

5. ALL N.S.F. CHEQUES ARE SUBJECT TO A \$15.00 ADMINISTRATION FEE.

6. I/We have read, understand and will abide by the policies of the V.I.P. Program.

Signature

Print Name

Date