

To be completed yearly by all who participate in the T.R.I.P. program

Last Name: _____

First Name(s): _____

Address: _____

City: _____ Postal Code: _____ Tel: (____) _____

Email: _____

GIFT CARD DELIVERY/PICK UP INSTRUCTIONS

- Pick-up at the school office
- "Kid-Mail" - Child Name: _____ Teacher: _____ Grade: _____
- Other Designated Pick-up - Name: _____

If the "kid mail" or "other designated pickup" option has been chosen, you MUST sign the waiver below

WAIVER/DISCLAIMER

Complete this part if a child (or other designated person) is permitted to bring your gift cards home. This person will receive only the gift cards ordered under your name. Gift cards cannot be sent home with anyone if you have not signed this disclaimer

I authorize T.R.I.P representatives to release my gift cards to the person named in section 2 above. I will not hold Trenton Christian School T.R.I.P program and/or it's representatives responsible for any lost or stolen cards.

Signature

Date

FILL OUT THE 40% DESIGNATION FORM:

Please check your one choice below:

- Operating Budget
- Tuition Reduction for family of choice: Other Family Name: _____
- Tuition Reduction for OUR FAMILY

I have read, understand and will abide by the policies of the TCS T.R.I.P. program.

Signature

Date