Tuition Reduction Incentive Program
Registration Form
School: SETON CATHOLIC SCHOOL

1. [ ] New Registrant (An account # will be sent to you with your first order.)

2. Registrant Name(s): _____
Last First Spouse

Address: _____ Email for TRIP Updates:_____

City: _____ State: _____ Zip: _____ Phone: (____)_____

3. Direct my credits to: (check one)

[ ] My personal tuition account. Student enrolled for this year. Grade/Teacher _____.

[ ] Donate credit to another family.
Family parents' names: _____
Confidential [ ] Yes [ ] No

[ ] Donate credit to Scholarship Fund _____% donated to school _____% to tuition

[ ] Prospective Family. Student will be enrolled in school year _____.

4.

DISCLAIMER: If at any time you will not be picking up your certificates from school, please complete the appropriate section(s) below. You may choose one or all of the delivery options below. You will designate a delivery option on each order form you submit.

a. **STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to **my** student listed below. I (we) will not hold **participating school** or the T.R.I.P. committee responsible for any lost certificates as a result of my student's actions.

Student's Name: _____ Grade: _____
Parent's Signature: _____ Date: _____

b. **OTHER STUDENT/ADULT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to the **student/adult** listed below. I (we) will not hold **participating school** responsible for lost or misplaced certificates as a result of this person's actions. A parent of this student has also signed this disclaimer, agreeing that his/her child has his/her permission to take certificates home for the named friend or relative.
Student's Name: _____ Grade: _____
Signature of Registrant: _____ Date: _____
Signature of Student's Parent: _____ Date: _____

c. You agree and acknowledge as follows: (i) no employment or partnership arrangement is created as a result of our relationship; (ii) you are the owner of the cards purchased on your behalf (iii) we will retain 25% of the rebates to cover administrative fees (iv) you have limited rights to return the cards we purchase on your behalf, based on the return policy of our supplier; (v) you shall indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks you issue to pay; and (vi) we make no representations or warranties of any kind with respect to the gift cards purchased on your behalf. This agreement can be terminated by either of us upon 60 day's advance notice to the other.

I (we) have read the information fully and agree to abide by the policies set up by T.R.I.P.

Signature(s) _____ Date _____