

**T.R.I.P. REGISTRATION FORM**  
**C.W.C.**  
**2009-10 School Year**

**Note: This form must be returned for your order to be processed.**  
**It is important that your account information is correct.**

**Registration is FREE until May 21, 2009.**  
**After this date a \$5.00 late fee is required for returning participating families.**  
**New registrations, donor registrations, and future families are always FREE!**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ (The last 6 numbers will be your account #)

Email: \_\_\_\_\_ [ ] Please send me updates via email.

**The percentage earned on each account, will be held by the TRIP treasurer and credited to the account of your choosing two times a year (current payout), or you can roll it over for a future year (future payout).**

[ ] **FUTURE PAYOUT (Rollover)**

[ ] **CURRENT PAYOUT:** Please apply my credit as indicated below. (You may choose up to four. If you choose more than one, please indicate a percentage for each. The combined percentage must equal 100.)

[ ] Personal Tuition \_\_\_\_\_%

[ ] Parents in Action \_\_\_\_\_%

[ ] Foundation for Christian Education \_\_\_\_\_%

[ ] C.W.C. Tuition Assistance Fund \_\_\_\_\_%

[ ] C.W.C. General Fund \_\_\_\_\_%

[ ] C.W.C. Building Fund \_\_\_\_\_%

[ ] C.W.C. account listed below: \_\_\_\_\_%

\_\_\_\_\_

[ ] Another family: \_\_\_\_\_%

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

[ ] Another family: \_\_\_\_\_%

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I want to keep my donation confidential [ ]

**Pick up:**

[ ] 4K Classroom Thursday or Friday

[ ] 4K-5 Campus Wednesday, outside the office door immediately after dismissal.

[ ] 6-12 Campus Wednesday, at the T.R.I.P. Room window 3:00-5:00 p.m.

Thursday, at the T.R.I.P. Room window 8:00-9:00 a.m.

[ ] Bargains Galore Thursday, in the T.R.I.P. wall rack in the break room after 12:00 p.m.

(Deferred payment orders **cannot** be picked up at Bargains Galore.)

**I have read, understand and will abide by the policies of Tuition Reduction Incentive Program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*PLEASE SEE THE BACK SIDE FOR WAIVERS\*\*\*\*\*

## **DISCLAIMER OF RESPONSIBILITY**

Complete this section if a minor is permitted to pick up your certificates.

**I AUTHORIZE THE T.R.I.P. VOLUNTEERS TO RELEASE MY T.R.I.P. CERTIFICATES TO THE MINOR LISTED BELOW. I WILL NOT HOLD T.R.I.P. VOLUNTEERS OR C.W.C. RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.**

Minor's name \_\_\_\_\_

Minor's Grade \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete this section if you wish to pick up your certificates at ***BARGAINS GALORE THRIFT STORE***:

**I AUTHORIZE THE T.R.I.P. VOLUNTEERS TO DROP OFF MY CERTIFICATES AT BARGAINS GALORE THRIFT STORE. I WILL NOT HOLD T.R.I.P. VOLUNTEERS OR C.W.C. RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **MAILING WAIVER**

Complete this section if you want your certificates to be mailed to you. (It is your responsibility to include a stamped, self-addressed envelope with **each** order.)

**I AUTHORIZE THE T.R.I.P. VOLUNTEERS TO MAIL MY T.R.I.P. ORDER. I WILL NOT HOLD T.R.I.P. VOLUNTEERS OR C.W.C. RESPONSIBLE FOR ANY LOST CERTIFICATES.**

Signature \_\_\_\_\_

Date \_\_\_\_\_