

CORPUS CHRISTI CATHOLIC SCHOOL TRIP
2017/2018 Registration Form and Program Agreement

Please **fill out** completely, **sign**, and **return** this form to the school office. (Please PRINT)

1. Family Name _____
 (Full names of parent(s) or participants)
- Address _____
- City _____ State _____ Zip _____ Home Phone _____
- Cell Phone _____ E-Mail _____
- Best way to contact you during the day? _____

2. Rebates earned will be used in the following ways (Note: This is after the 10% admin fee that will be retained for running the TRIP program which is not deductible):
- a. _____ % as a charitable contribution to the school (may be tax deductible)
 - b. _____ % as tuition credit for my own tuition account (circle one below)
- | | | | |
|------------------------------|---------------------|-------------------------|-----------------------------|
| <i>Annual Pre-pay</i> | <i>SMART</i> | <i>Preschool</i> | <i>Future Family</i> |
|------------------------------|---------------------|-------------------------|-----------------------------|
- c. _____ % as tuition credit to Catholic Central/West Catholic student (Name _____)
 - d. _____ % as a tuition credit to another family's tuition (Name _____)
 - e. _____ % as a cash rebate to you distributed in May (NOT deductible)

Total: 100%

(With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.)

3. Method of pick-up will be (circle one): ***Parent Pick-up*** (Skip to #5) ***Student Take Home*** (Continue to #4, then #5)

4. DISCLAIMER: Complete this section if you want your certificates brought home by a student.

I (We) authorize the T.R.I.P. Committee to release my T.R.I.P. certificates to the below named student to take home. I (We) will not hold Corpus Christi Catholic School or the T.R.I.P. Committee responsible for any lost, stolen, or misplaced certificates as a result of this student's actions.

Student's Name _____ Grade _____

Participant's Signature _____ Date _____

5. I agree to indemnify the TRIP program against any loss incurred in connection with there being insufficient funds in my account to cover the checks or ACH (PrestoPay) transfers I issue to pay for my scrip. The TRIP committee makes no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another (required each school year). I (We) have read, understand, and will abide by the general policies of the TRIP program (posted on the CCCS website).

Signature _____ Date _____