

CORPUS CHRISTI CATHOLIC SCHOOL TRIP
2019/2020 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:

- a. 10 % admin fee retained for running the TRIP program (not deductible)
- b. _____ % as a charitable contribution to the school (may be tax deductible)
- c. _____ % as tuition credit for my own tuition account (circle one below)

Annual Pre-pay Monthly SMART Preschool Future Family

- d. _____ % as tuition credit to Catholic Central/West Catholic student (Name _____)
- e. _____ % as a tuition credit to another family's tuition (Name _____)

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. Orders will be available for pick up in the school office starting Friday of TRIP weeks.
4. I agree to indemnify the TRIP program against any loss incurred in connection with there being insufficient funds in my account to cover the 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 _____