

# Registration Form

## Tuition Reduction Incentive Program (TRIP)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Cards/Certificates to be picked up by:** Self \_\_\_\_\_ Other \_\_\_\_\_

**Campus where you will Pick-up order:** High School \_\_\_\_\_ Elementary \_\_\_\_\_

Disclaimer-I (we) authorize the TRIP Committee to release my gift cards/certificates to the person(s) named above. I (we) understand that the cards/certificates are legal tender. If lost, they cannot be traced or replaced. I (we) will not hold Jackson Christian School or it's faculty or staff, or the TRIP Committee responsible for any lost, destroyed, or misplaced cards/certificates as a result of my actions or the actions of the persons listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

I (we) have read, understand, and will abide by the polices of the TRIP Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Please return this form to the office on either school campus, or drop it the TRIP Drop Box also located on both campuses.