

TRIP Registration Form

The Grand Traverse Area Catholic Schools (GTACS) sponsors a scrip program which allows you to purchase scrip (gift cards/certificates). The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, and/or as noted below. **Accepted payment methods are Cash/Check and online payments options for online orders**

The parties agree as follows:

1. For administering the scrip program, we will retain 15% of your total rebate amount as an administration fee.
2. We agree to apply the balance of your rebate as designated below:

_____ credited to your personal tuition account

_____ % credited to another family's tuition account _____ (Name)

_____ credited to the GTACS scholarship fund

_____ credited to Music Boosters

_____ credited to Athletic Department

Our scrip program's fiscal year runs from April 1st through March 31st of the following year. Rebates earned through March 31st will be credited as noted above.

You agree not to hold the Grand Traverse Area Catholic Schools or the TRIP staff responsible for any gift cards/certificates which are lost, misplaced or stolen.

You will be responsible for any loss incurred by GTACS, such as NSF bank fees for insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. In the event of insufficient funds in your account, you will be required to pay our bank fees and reimbursement of any distributed scrip before future orders will be accepted. You will also no longer be authorized to utilize online payment svices. After two occurrences of insufficient funds, all future orders will require payment by cash or money order.

Please sign and date below to indicate your acknowledgement of this agreement.

Participant Signature: _____ Date: _____

Printed Name: _____

ACKNOWLEDGED:

GTACS

By: _____ Date: _____
TRIP COORDINATOR

- **ARE YOU CURRENTLY REGISTERED WITH ANOTHER SCRIP PROGRAM? YES or NO**

Family Details

First Name(s)

Last Name

Address

City

Zip Code

Email

Telephone #

NAMES AUTHORIZED TO PICK UP ORDERS: We understand the occasional need to have someone other than the registrant pick up an order. Please list authorized names below.

Name

Name

Name

Office Use Only:

User Name