

T. R. I. P. Registration Form For New Account



Date ____/____/____ (An account number will be sent to you with your first order.)

Registrant Name(s): _____
Last First Spouse

Address: _____ Email Address for TRIP updates: _____

City: _____

State: ____ Zip: ____ Phone: (____) _____

Direct my credits to: (check one)

My personal tuition account (Grade/Teacher _____ for student(s) enrolled this year.

A donation to another **current** VCA family. Parent's names _____
Keep confidential? YES NO

A donation to another **prospective** VCA family. Parent's names _____
Keep confidential? YES NO

Donate _____% of my credit to the Tuition Assistance Fund

DISCLAIMER: If at any time you will not be picking up your certificates from school, please complete the appropriate section(s) below. You may choose one or all of the delivery options below. You will designate a delivery option on each order form you submit.

- **STUDENT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to my student listed below. I (we) will not hold participating school or the T.R.I.P. committee responsible for any lost certificates as a result of my student's actions.

Student's Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

- **OTHER STUDENT/ADULT:** I (we) authorize the T.R.I.P. committee to release my T.R.I.P. certificates to the student/adult listed below. I (we) will not hold participating school responsible for lost or misplaced certificates as a result of this person's actions. A parent of this student has also signed this disclaimer, agreeing that his/her child has his/her permission to take certificates home for the named friend or relative.

Student's Name: _____ Grade: _____

Signature of Registrant: _____ Date: _____

Signature of Student's Parent: _____ Date: _____

- You agree and acknowledge as follows: (i) no employment or partnership arrangement is created as a result of our relationship; (ii) you are the owner of the cards purchased on your behalf (iii) we will retain 25% of the rebates to cover administrative fees (iv) you have limited rights to return the cards we purchase on our behalf, based on the return policy of our supplier; (v) you shall indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks you issue to pay; and (vi) we make no representations or warranties of any kind with respect to the gift cards purchased on your behalf. This agreement can be terminated by either of us upon 60 day's advance notice to the other.

I (we) have read the information fully and agree to abide by the policies set up by T.R.I.P.

Signature(s) _____ Date ____/____/____