

Registration Form

Your name: _____
Last First MI Spouse

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

Email address (to receive TRIP announcements and updates) _____

Account option (choose one):

_____ We would like our tuition reduction dollars to be credited to our family account.

_____ Friends of CMCS (no children enrolled in CMCS): Direct our earnings to the

family of _____

This family is _____ currently enrolled at CMCS K-12 _____ will be enrolled at CMCS in the future

_____ We would like 100% of our tuition reduction dollars to go to the CMCS T.R.I.P. program.

Enrollment status (choose one):

_____ We have children currently enrolled at CMCS – grades K – 12, 2010-2011

_____ We do not have children enrolled at CMCS at this time but anticipate that we will in the future.

Complete information below if your first child is not presently enrolled at CMCS K – 12.

Child's name: _____ Enrollment Date _____

_____ No children enrolled at CMCS.

Disclaimer

Complete this part if your child is permitted to bring your certificates home. Your child will receive only the envelope of certificates ordered under your family name. Certificates will not be sent home with your child if you do not sign this DISCLAIMER before your first order.

I authorize CMCS T.R.I.P. to release my T.R.I.P. gift certificates to my child. I will not hold CMCS or T.R.I.P. coordinators responsible for any lost or misplaced certificates.

Certificates released to: _____
Child's name Grade

Parent's signature: _____ Date: _____

I have read, understand, and will abide by the policies of the CMCS T.R.I.P. program.

Signature _____ Date _____

_____ **\$5.00 Annual Registration Fee Enclosed*** Cash _____ Check _____

*Registration fee is waived if you are directing your earnings to another family or T.R.I.P.