

T.R.I.P. REGISTRATION FORM
Delavan Christian School

**Note: This form must be returned for your order to be processed.
It is important that your account information is correct.**

Name _____
Address _____ City _____
Zip _____
Telephone # (_____) _____
Email: _____ [] Please send me updates via email.

The percentage earned on each account, will be held by the TRIP treasurer and credited to the account of your choosing four times a year.

TRIP Fund will retain 5 % (for DCRC Members it will retain 15 %)

Personal Tuition _____% - N/A for DCRC Members

DCS Tuition Assistance Fund _____%

Another family: _____%

Name: _____

I want to keep my donation confidential []

Pick up:

[] Pickup at school

[] Send home with my child _____.

I have read, understand and will abide by the policies of Tuition Reduction Incentive Program.

Signature _____ Date _____

DISCLAIMER OF RESPONSIBILITY

Complete this section if a minor is permitted to pick up your certificates.

I AUTHORIZE THE T.R.I.P. VOLUNTEERS TO RELEASE MY T.R.I.P. CERTIFICATES TO THE MINOR LISTED BELOW. I WILL NOT HOLD T.R.I.P. VOLUNTEERS OR DCS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Minor's name _____ Minor's Grade _____

Signature _____ Date _____