



# T. R. I. P.

Tuition Reduction Incentive Program  
Registration  
Chatham Christian Schools



1. DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_ ON \_\_\_\_\_  
Street City Prov. Postal Code

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

2. Please keep 100% of the earnings on my purchases, with the Computer Operating Fund:  
 \_\_\_\_\_ Yes (proceed to # 4) \_\_\_\_\_ No (proceed to # 3)

3. 40% of the earnings on the Gift Certificates and Gift Cards you purchase can be designated to your tuition or a specific fund of your choice. Please choose **ONE** of the following funds:

**Your Family: Tuition Reduction Credit for the 2005/2006 school year.**

**Other Family: Tuition Reduction Credit for the 2005/2006 school year.**

Please specify the Other Family's Name: \_\_\_\_\_

Would you like to keep your donation confidential?  Yes  No

**Future Enrollment Tuition Plan** Projected date of enrollment \_\_\_\_\_

**Mortgage Reduction Fund**

**New Piano Fund**

**TAF: Tuition Assistance Fund**

**Special Education Fund**

**Library Fund**

**Creation Awareness Centre Fund**

**Transportation/Bus Fund**

**Playground Equipment Fund**

**C.D.C.E.F.**  
**(Chatham District Christian Education Foundation)**

**General Wish List Fund**

4. Choose one of the following methods to obtain your T.R.I.P. order if submitting your order by Wednesday a.m.

**Held in School Office** (Orders received in the school office by 9:00 a.m. on Wednesday will be held in the office for pick-up anytime after 12:00 noon on Thursday or thereafter during school hours)

**Sent Home with Student** (Order received in office by 9:00 a.m. on Wednesday will be sent home with designated student on Thursday.)  
**You must complete the Disclaimer in # 6 below.**

5. **Instant T.R.I.P.** (T.R.I.P. will be available at various times for you to place an order and instantly receive your gift certificates and gift cards.)
6. Only complete this section if TRIP orders are being sent home with Student. TRIP orders will not be sent home with the student unless this section is complete.

**DISCLAIMER**

**I AUTHORIZE THE RELEASE OF MY T.R.I.P. GIFT CARDS / CERTIFICATES TO THE STUDENT INDICATED BELOW. I WILL NOT HOLD CHATHAM CHRISTIAN SCHOOLS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES ONCE IN THE POSSESSION OF THE NAMED STUDENT(S) BELOW. THE STUDENT WILL BE REQUIRED TO SIGN FOR THE ORDER WHEN RECEIVED.**

**STUDENT**  
**NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

**Signature:** \_\_\_\_\_

7. I have read, understand, and will abide by the policies of T.R.I.P.. See policies on website.

**Signature:** \_\_\_\_\_

