

REGISTRATION FORM FOR ECCSS/ST. BONIFACE/ST. LEO
SCRIP REBATE PROGRAM FOR THE 2016/2017 SCHOOL YEAR

Please complete and sign form yearly by all who participate in the SCRIP Rebate Program. Forms can be handed in to ECCES office or emailed to bauercortney@gmail.com.

Please check appropriate line: _____ ECCSS _____ ST. BONIFACE _____ ST. LEO
_____ ECCSS SCRIP Account Holder _____ Purchaser for ECCSS SCRIP Account Holder

Name _____
Last First

Address _____

City _____ State _____ Zip _____ Telephone _____

E-Mail Address _____ Cell Phone _____

Family name rebates should be applied to _____ Acct. # _____
(Acct. # is last 5 digits of phone number)

Student's names _____

ONLINE ORDERS:

_____ I will pick up my order _____ Send my order home with my student

DISCLAIMER: Complete this portion ONLY if you would like your child to bring your certificates home. Your child will ONLY receive the envelope of certificates ordered under your account number. Certificates will not be sent home with your child if you do not sign this disclaimer.

I AUTHORIZE THE ECCSS SCRIP REBATE PROGRAM COORDINATOR TO RELEASE MY GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD THE ELK COUNTY CATHOLIC SCHOOL SYSTEM OR THE COORDINATOR RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name _____ Grade _____
(The child you would like your online order sent home with)

I have read, understand and will abide by the policies of the ECCSS SCRIP Program.

Your Signature _____ Date _____

If you are participating in this program but your child is not yet enrolled into the school system, your participation in no way implies automatic enrollment into the Elk County Catholic School System. Your application and enrollment are a function of Administration. If your application is not accepted, or if you should choose not to follow through with enrollment, all monies accrued in your account will be transferred into the Help-A-Student Fund or to another student account designated by you.

**Elk County Catholic School System
SCRIP RETAIL REBATE AGREEMENT**

ECCSS offers its patrons and benefactors the opportunity to purchase coupons or cards that can be used to make purchases at various retail establishments. The purchaser pays face value for the coupons or cards, while the retailer agrees to apply a discount or rebate to purchases made with that coupon or card. The remaining discounts and rebates less the applicable administrative fee, are adjustments to the purchase prices of the items purchased, and belong to the purchaser. The purchaser can agree to donate these discounts and/or rebates to ECCSS, or to have these discounts and/or rebates credited to a tuition account for the benefit of particular students.

If the purchaser elects to receive the cash value of the discounts and/or rebates personally, ECCSS will pay the purchaser an amount equivalent to the discount and/or rebate, less the administrative fee.

Regardless of the option chosen, accounts will be satisfied once a year at the end of each school year.

I/we, as the purchaser(s) of the cards or coupons that are subject to this Agreement, hereby agree and determine as follows:

1. I/we hereby designate _____% of any of the discounts or rebates received as a result of the coupons or cards the I/we purchase under this Agreement to be credited to the tuition account of _____.
This designation is not tax deductible.
2. I/we hereby designate _____% of any of the discounts or rebates received as a result of the coupons or cards that I/we purchase under this Agreement as a contribution to ECCSS/St. Boniface/St. Leo's, or any club/sport associated with the school system. Please specify _____.
This contribution is tax deductible under section 170 of the Internal Revenue Code, subject to satisfaction of applicable substantiation requirements.
3. I/we elect to be personally paid _____% of any of the discounts or rebates received as a result of the coupons or cards that I/we purchase under this Agreement. This designation is not tax deductible. I/we understand that money received through this designation must be claimed as personal income subject to taxes. The social security number(s) must be provided for the purchaser(s) listed below.
_____ and _____

This election will remain in effect for all purchases made on or after the date of this Agreement. This Agreement may be modified by signing a new retail rebate Agreement.

If purchases are made by check, the purchaser agrees to indemnify the scrip company and/or ECCSS for any losses resulting from insufficient funds in the purchaser's account necessary to pay for the retail coupons or cards.

Signature(s) of _____ Date _____
Purchaser(s) _____

Authorized ECCSS Scrip Program Coordinator's initials _____ / _____