

PVCS TRIP AGREEMENT

Please return in a sealed envelope labeled "TRIP" and place it in the BOB box.
965 Plumtree Road, Springfield, MA 01119
(413) 782-8031

Note: **All** fields are required prior to approval in use of this program. Please print.

Parent/Guardian Name(s) _____
(referred to herein as "you" and "your")

Address _____ City _____

State _____ Zip _____ Phone (h) _____ (c) _____

Email address _____

PVCS (referred to herein as "we", "us" and "our") sponsors TRIP, a program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, cash back to you, and/or a gift to the school. The parties agree to the following:

1. For administering the scrip program, we will retain [10%] of the rebates received from your scrip purchases as an administration fee (NOT deductible by you).
2. We agree to apply the balance of your rebates as designated below (please insert desired percentages):
 _____% as a charitable contribution to the school (potentially deductible by you)
 _____% as a cash rebate to you (NOT deductible by you)
 _____% credited to the following tuition account (NOT deductible by you): _____

The above designated percentages cannot be changed during the school year. Our scrip program distributes the rebates monthly.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(F)(8) and 170(f)(17) of the Internal Revenue Code.

DISCLAIMER: Complete this section if your child will be permitted to bring your scrip home. SCRIP WILL NOT BE SENT HOME WITH YOUR CHILD IF THE DISCLAIMER IS NOT SIGNED. Authorize **one** name only. You may only designate children in first grade or higher to receive your order.

I authorize the release of my TRIP order to my child. I will not hold Pioneer Valley Christian School or TRIP Coordinators responsible for any lost or misplaced order.

Student's First and Last Name: _____ Grade: _____

Parent's/Guardian's Signature: _____ Date: _____

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either or us upon 60 day's advance notice to the other.

Please sign and date below to indicate that you have read, understand, and agree with the policies and procedures of this scrip program and your acknowledgement of this agreement.

Parent's/Guardian's Signature: _____ Date: _____

_____ Date: _____