



\$CRIP Registration Form

Holy Spirit Parish

Account # _____

Account Name _____

Authorized Purchasers

Address _____

City _____ State _____ Zip _____ Phone _____

Parish _____ School _____

E-mail Address _____

Assign my 3% credit to one of the following:

____ Holy Spirit Parish

____ I have children in the Catholic School system & want my \$CRIP rebate credited to me.

____ Family of _____ Account # _____

____ General Tuition Assistance Fund Rochester Catholic Schools

____ School of your choice: _____

____ *Lourdes Building Our Future*

Complete this part if your child is permitted to bring your \$CRIP order home.

Your child will receive only the envelope of debit cards/certificates ordered under your family number. Orders will not be sent home with your child if you do not sign this disclaimer.

I authorize the Rochester Catholic Schools to release my \$CRIP gift certificates to my child. I will not hold Rochester Catholic Schools responsible for any lost or misplaced certificate.

Student's Name _____ School _____

Grade _____

Parent's signature

Date

* * * * *

We understand our Driver's Licenses will be photocopied and will abide by the policies of the \$CRIP program.

X _____ X _____ Date _____
Authorized Purchaser *Authorized Purchaser*

X _____
(Account Registrar)

Questions? tgoodrich@rochestercatholic.k12.mn.us
hsweb10.2009

X

(Account Registrar)

Questions? tgoodrich@rochestercatholic.k12.mn.us

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