

## SAINT ROSE OF LIMA SCRIP GIFT CARD PROGRAM

**Participation Agreement and Waiver of Responsibility: Fundraising Year May 1, 2010 – April 30, 2011**

**Complete both pages of this Participation Agreement (PA) and return no later than Monday, April 12, 2010. If either you or another assigns rebates to your Family Name and this form has not been returned or it is incomplete, it will be returned to you unprocessed and you will not receive any credit; 100% will go to SRL School.**

**PERSONAL DATA:**

**Family / Guardian Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

	First Name	Home Phone	Cell Phone	Work Phone
<b>Father / Guardian:</b>				
<b>Mother / Guardian:</b>				

**I can be contacted for questions regarding my order:**

	Day - Home	Day - Cell	Evening - Home	Evening - Cell	Work
<b>Father / Guardian:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mother / Guardian:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Home Parish:**  Saint Rose of Lima (SRL)  Our Lady of Lourdes (OLOL)  
 Name Other: \_\_\_\_\_  None

**Check the School(s) Your Child(ren) Attend:**  SRL PreK  SRL K-8 School  Bishop Guilfoyle HS

**List ALL Child(ren) Name(s) AND Grade 2010-2011 School Year:** \_\_\_\_\_

**PARTICIPATION AGREEMENT:**

- Yes  No 1) I will only use a check or money order for payment of my Order Form order or Direct Sale purchase. I know cash is not accepted.
- Yes  No 2) I understand there is a limited return policy. Only those Scrip Gift Cards/Certificates able to be resold or returned to the vendor will be able to be returned. There may be fees associated with the return; if there are any fees, I will be responsible for the full cost of the return.
- Yes  No 3) I understand if my check is returned for Non-Sufficient Funds, I will pay the full amount of the returned check plus a fee, payable to Saint Rose of Lima; two or more returned checks will limit payment to money orders only.
- Yes  No 4) I understand children are not permitted to purchase Scrip Gift Cards at any time, including when School is in session.
- Yes  No 5) If there are two parents/guardians, I will use BOTH parents/guardians first and last names (not my child's) on the Order Form or when making a Direct Sale purchase (i.e. John and Jane Smith); otherwise I will use just my first and last name (John Smith.)
- Yes  No 6) I understand rebates will be assigned according to how the second page of this PA is completed. If you have no children attending Saint Rose of Lima Parochial School, you do not need to complete a PA.

**PLEASE TURN OVER FOR CREDIT ASSIGNMENTS, WAIVERS, AND SIGNATURES**

**A) REBATE ASSIGNMENT AND WAIVER OF RESPONSIBILITY**

**FAMILIES WITH CHILD(REN) IN PRE-K THROUGH GRADE 8 ATTENDING SAINT ROSE OF LIMA PAROCHIAL SCHOOL:**

- Yes  No 1) I have a child(ren) in Pre-K through Grade 8 attending Saint Rose of Lima School (School Year 2010-2011); if yes, complete the following; if no, skip this section.
- Yes  No 2) I understand the first 50% of the rebates earned from Scrip Gift Card purchases assigned to my Family Name will go to Saint Rose of Lima Parochial School.
- Yes  No 3) I understand the other 50% of the rebates earned from Scrip Gift Card purchases assigned to my Family Name will be applied to my Fundraising Goal of \$350.00.
- Yes  No 4) I understand any rebates earned over \$350.00, will be assigned to my Fundraising Goal for the 2011-2012 School Year.
- Yes  No 5) I understand, beginning May 1, 2010, I will no longer earn Tuition Credit, in full or in part, from Scrip Gift Card rebates assigned to my Family Name.
- Yes  No 6a) By selecting yes, I assume full responsibility and I authorize Saint Rose of Lima Scrip Gift Card Program to send Scrip Gift Cards/Certificates home with my child, attending Saint Rose of Lima Parochial School, whose full name and grade for the 2010-2011 School Year is:  
  
\_\_\_\_\_
- Yes  No 6b) By selecting no, I will drop off and pick up my order in person, after any Mass at SRL Mass on Saturday 5:30 PM or Sunday 7:00; 8:15; 10:30; or 12:00 Noon or after any OLOL Mass on Saturday 4:30 PM or Sunday 8:00 AM or 10:30 AM.
- Yes  No 7) I understand Saint Rose of Lima Parochial School Faculty, Staff, Volunteers, and/or anyone associated with the Scrip Gift Card Program, are not responsible for Scrip Gift Cards/Certificates once delivered to my child.

**SIGNATURES:**

- Yes  No By signing and dating below I acknowledge I have read and completed the Personal Data, Participation Agreement, and Rebate/Waiver of Responsibility Sections and I understand and I am in agreement with my selections.

**Father / Guardian:** \_\_\_\_\_

**Mother / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This Participation Agreement is Approved by:**

**Principal:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_