

SCRIP Gift Card Program Account Enrollment Form

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Grand Haven Orchestra Boosters

New Members:

Sign me Up!!! (This is a REQUIRED STEP for participation.)

First 2 Letters of last name: _____ Last 4 numbers of phone #: _____

This number must be used on all Gift Card orders in order to properly accrue your %!
(If for some reason there is a duplicate number – you will be notified.)

Primary Account Holder (Parents First & Last Name)		
Additional Member (Oldest child, First & Last Name)	Current Grade	Projected Graduation
Additional Member (Next oldest child, First & Last Name)	Current Grade	Projected Graduation
Additional Member (Next child, First & Last Name)	Current Grade	Projected Graduation
Additional Member (Next child, First & Last Name)	Current Grade	Projected Graduation
Street Address		
City	State	Zip
Phone	E-mail Address (For sales locations and program updates)	

I have read and understand the Program Policies as listed on Form #1, and I agree to abide by these policies. I understand that the Orchestra Booster account funds can only be used for GHAPS related expenses. I understand and agree that any unused monies in my SCRIP account after 12 consecutive months of inactivity shall be donated to the Boosters General SCRIP Account.

Signature

Date

Watch your e-mail for a confirmation, program info, Panera/School sales dates and times, and optional online purchase registration info.

I would like ALL earnings to go to The Orchestra Boosters:

(This option is for individuals or families who want to buy gift cards and support the orchestra program, but have no need of the family accrual account.)