

SOUTH CHRISTIAN HIGH SCHOOL SCRIP PROGRAM AGREEMENT

South Christian High School (referred to herein as "we," "us" and "our") sponsors a scrip 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 as follows:

1. Rebates earned will be used in the following ways:
 - a. _____% as a charitable contribution to the school (potentially deductible)
 - b. _____% as tuition credit for the following school family: _____
 - c. _____% as tuition credit for the following school family: _____
 - d. _____% as tuition credit for the following school family: _____
 - e. _____% transfer to the following school: _____
 - e. _____% as a cash rebate to you (NOT deductible)

There is a one-time \$5.00 sign-up fee to participate in our scrip program. Our scrip program distributes the rebates two times a year in the month(s) of May and December.

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.

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 of us upon 60 day's advance notice to the other.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: _____ Date: _____

Printed Name: _____ (referred to herein as "you" and "your")

Address: _____

Phone Number: _____

Current Family? _____ If not, year children in school _____

DISCLAIMER OF RESPONSIBILITY

Complete this section if your certificates will be brought home by someone other than the adult on the account or mailed home.

I (we) authorize the SCRIP Committee to release my SCRIP certificates to my child, another adult or mailed if I provide a self-addressed, stamped envelope. I will not hold SCHS or the SCRIP Committee responsible for any lost, stolen or misplaced certificates as a result of the pick-up person's action or the result of postal delivery.

Pick-up person's name _____

Participant signature _____