

Jefferson Band /Choir Boosters SCRIP Registration Form

To be completed by all individuals participating in Jefferson Band/Choir Boosters SCRIP. Please SIGN and return the completed form with first SCRIP order.

ADULT/PARENT NAME _____
(Last, First, Middle Initial)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (Home) _____ (Work) _____
(Cell) _____

EMAIL ADDRESS _____

Apply my SCRIP earnings to the following SCRIP Family Account:
Family of (Student's Name): _____
I would like to keep this confidential: _____ YES _____ NO _____ N/A
Jefferson Booster General Fund _____ BAND _____ CHOIR _____

DISCLAIMER OF RESPONSIBILITY
I AUTHORIZE SCRIP COORDINATOR TO RELEASE MY SCRIP CERTIFICATES TO:
Student Name _____ and/or
Adult Name _____ and/or
Adult Name _____ and/or
I WILL NOT HOLD JEFFERSON BAND/SHOIR BOOSTERS SCRIP, JEFFERSON
MUSIC DEPARTMENT, OR JEFFERSON HIGH SCHOOL RESPONSIBLE FOR AND
LOST OR MISPLACED CERTIFICATES.
Signature _____ Date _____

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE POLICIES OF THE
JEFFERSON BAND/CHOIR BOOSTERS SCRIP PROGRAM.
Signature _____ Date _____

SCRIP OFFICE USE ONLY: SCRIP Family Account # _____
SCRIP Future Family Account # _____
Entered by _____
Date entered _____