

JAMES E. TAYLOR BAND Scrip Program



Enrollment Form

Program rules and guidelines

- 1) This fundraiser will be available only to current Taylor Band Boosters members ; scrip you purchase through our program generates cash rebates from the participating retailers. These rebates will be applied 100% to your student account(s).
- 2) An annual enrolment form must be completed by each participating family before Scrip privileges can be extended.
- 3) All orders must be accompanied by cash, check, or money order made payable to **TAYLOR BAND BOOSTERS**. Personal checks will be accepted only from current Taylor Band Boosters members. Taylor Band Boosters reserves the right to limit the dollar amount of personal checks that will be accepted. No third party checks are accepted.
- 4) Occasionally the Scrip company will run out of specific certificates ordered, delivery of the outstanding order will be available on the next pickup date after the receipt by Taylor Band Boosters.
- 5) Check your order upon pickup and verify its accuracy. Your signature on the order pickup list confirms the receipt of the order in its entirety. In the unlikely event of a discrepancy, please contact the Taylor Band Boosters Scrip coordinator within seven (7) days.
- 6) If your check is returned by our bank, a \$20 charge back fee will be levied. Reimbursement of the returned check and the charge back fee must be made before Scrip privileges are restored. Payment of subsequent Scrip orders will be limited to cash or money orders.
- 7) Scrip certificate payments are not tax deductible as charitable donations as certificates purchased will equal the dollar value of the benefits received.
- 8) Scrip certificates are purchased on your behalf and are not returnable. Scrip certificates are equivalent to cash. Taylor Band Boosters is not responsible for lost, stolen or misplaced certificates after pickup.
- 9) Usage of the Scrip certificates is governed by the retailer. Please check for any restrictions imposed by the retailer. Taylor Band Boosters does not assume any responsibility for limitations on the usage.

Yes! I'm ready to participate in the Scrip Program and direct TAYLOR BAND BOOSTERS to apply my entire rebate to my student account(s).

First Name		Last Name	
Street Address			
City		State	Zip
Phone		Second Phone (office or cell)	
E-Mail Address:			

I have read and understand the policies and guidelines listed above, and I agree to abide by these policies

Signature

Date

JAMES E. TAYLOR BAND
Scrip Program

Waiver Addendum

I hereby request and authorize the student named below to pick up my Scrip order.

Last Name	First Name(s) of Parent:	Band Student Authorized for pickup of order:
Street Address		
City	State	Zip
Parent Phone	Student's cell phone (if available)	

Your student's signature on the order pickup list confirms the receipt of the order in its entirety.
Taylor Band Boosters is not responsible for lost, stolen or misplaced certificates after pickup by your student.

I have read and understand the general rules and guidelines of the Great Lakes Scrip program, and the waiver addendum, and I agree to abide by these policies.

Signature

Date