

RaiseRight (formerly SCRIP) Enrollment Form

To participate and benefit from the RaiseRight program, fill out the following information:

Parent Info:

Last Name: _____ First Name(s): _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

I have read & understand the rules & guidelines (on other page). I agree to abide by these rules.

Signature _____ Date _____

Please list Children & Grades:

RAISERIGHT CARDS & CERTIFICATES ARE THE SAME AS CASH. HTCS PTA WILL NOT ACCEPT RESPONSIBILITY FOR LOST, STOLEN, OR MISPLACED CARDS. PLEASE KEEP THIS IN MIND WHEN DECIDING HOW YOU WILL RECEIVE CARDS.

If you would like us to send your RaiseRight order home with your children, please read the below waiver & then sign. If this is not signed, we **WILL NOT** send home RaiseRight cards with your child.

Permission Delivery Waiver

I understand that my child will be responsible for the safe transport of the RaiseRight from school to my home. I agree that once the school delivers the RaiseRight card(s) to my child, the school is no longer responsible. I hereby waive any right of recovery that I may have against Holy Trinity PTA for lost, stolen, or misplaced gift cards. I recognize that I have the option of picking up my orders from the school office. I understand how the program works and that participation is voluntary.

Signature: _____ Date: _____