

2010-2011 FHC BAND BOOSTERS

Scrip Enrollment Form

1st Student Name: _____ Grade: _____
**Group (Band, Orchestra, Choir): _____

2nd Student Name: _____ Grade: _____
**Group (Band, Orchestra, Choir): _____

Purchaser's Name: _____

Address: _____

City: _____ Zip: _____

*E-Mail Address: _____

Home Phone: _____

Cell Phone: _____

*Your email address is an important communication link with the Scrip chairperson who will send order/pickup reminders and other related program information. An email address is required to use ShopWithScrip.com. It will never be given to anyone.

**Please indicate if your student's earnings are for Band, Orchestra or Choir.

This enrollment form, along with the Scrip Pick-Up Authorization form and Scrip Disclaimer, may be mailed or dropped off with your first order to:

SCRIP
c/o Leslie Jackson
546 Longwood Dr SE
Ada, MI 49301

All forms MUST be received before your first order can be processed!