

2009-2010 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/pick-up 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 and Scrip Disclaimer, can be mailed to or dropped off with your first order to:

SCRIP
c/o Kathy Mason
3101 Torian CT SE
Ada, MI 49301

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

kam
5/09