



SCRIP ENROLLMENT FORM

Please return this form with your SCRIP Order

Please Print:

ORGANIZATION: _____

TODAY'S DATE: _____

FAMILY'S LAST NAME: _____

ADDRESS: _____

HOME PHONE: _____

1. FIRST NAME: _____

2. FIRST NAME: _____

CITY: _____ ZIP: _____

1. Work Phone: _____

2. Cell Phone: _____

STUDENT'S NAMES(s) *within your own family*

CURRENT GRADE/GRADUATION YEAR

_____/_____
_____/_____
_____/_____
_____/_____

***Please complete the following if you are a friend/relative of a member in any of the above named booster organizations:

I do not have any students in _____ (organization). Direct my credits to:

The following Student(s) _____ (Student First & Last Name) _____ (Organization/Acct. #)
_____ (Student First & Last Name) _____ (Organization/Acct. #)

The Jenison _____ (Organization) Booster Account.

***Please complete the following if your student has graduated or is not returning to organization and has remaining SCRIP Credits:

Transfer Credit Balance to: _____ (Student Name) _____ (Organization)

Transfer Credit Balance to the Jenison _____ (Organization) Booster Fund.

It is my understanding that participants in organizations other than Band will have a 1% administrative fee deducted from the credit earned by my student with each order received. _____ (Initials)

I will be responsible for any and all NSF check charges incurred by the Jenison Band Boosters related to my account. _____ (Initials)

If you have any questions, please call the SCRIP Committee Chairperson:

Sandy Boisvert 723-6630
Suzanne Behrens 457-2788

For SCRIP committee use only: Account Number _____