

SCRIP REGISTRATION FORM – OAKVILLE BAND PARENTS ASSOCIATION

Name _____
Last First

Address _____

City _____ State _____ Zip _____

Email Address _____

Earnings Designation: Profits earned by your purchases are split as follows: 75% is credited to the band member(s) family as listed below. The remaining 25% is designated to the Oakville Band Parents Association. (Dierbergs and Shop N' Save excluded rebate split is 80%/20%) If no designation is made 100% of the credit will go to the Oakville Band Parents Association general fund.

_____ Band Member's Name
_____ Band Member's Name

Where would you like to receive your Scrip Order? (Please select only 1 option)

_____ I will make arrangements with the Scrip Coordinator. There will be mutual respect for coordinating this effort taking into consideration each others time and availability.

_____ I would like my order sent home with the band member listed below. If you wish to have a band member bring home the Scrip cards, neither Oakville Band Parents Association or the Scrip Coordinator are responsible for any lost, misplaced or stolen certificates or cards.

Please note that if you change your selection, you will need to fill out a new registration form.

ACKNOWLEDGEMENT: I have read and understand the policies of the Oakville Band Parents Association SCRIP Program.

Band Member Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

OBPA Scrip Coordinator Use	
Member Login ID:	_____
Member Login Password:	_____
OBPA Enrollment Code:	_____