



## Stratford Scrip Family Registration

**RETURN THIS FORM TO STRATFORD ADVANCEMENT OFFICE**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

FOR WEBSITE USE OF SHOPWITHSCRIP.COM, PLEASE CREATE:

Username: \_\_\_\_\_ Password: \_\_\_\_\_

I would like to receive promotional emails from GL Scrip  Yes  No

**Program Agreement - This section must be completed in order for your family account to be activated.**

Stratford Academy (referred to herein as “we,” “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers.

These rebates are considered a gift to the school. The parties agree as follows:

1. For administering the scrip program, we will retain all of the rebates received from your scrip purchases as an administration fee (NOT deductible by you).
2. Your rebates as designated 100% as a charitable contribution to the school (potentially deductible by you).

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code. You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 days advance notice to the other. Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(referred to herein as “you” and “your”)

ACKNOWLEDGED:  
Stratford Academy

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Kathleen Medlin, Director of Institutional Advancement