

**T.R.I.P. REGISTRATION FORM
2010-2011 SCHOOL YEAR
(Tuition Reduction Incentive Program)**

Participant Name _____

Address: _____

Phone: _____

Direct my credits to: (check one)

_____ Catholic School _____

&

Child's Name _____

_____ Family of: _____

Confidential _____ Yes _____ No

_____ Parish Endowment Fund

_____ School Endowment Fund

I (WE) HAVE READ, UNDERSTAND AND WILL ABIDE BY THE POLICIES OF THE TRIP PROGRAM.

Signature

Date

Trip Use Only: _____ (Account #)