

**HOLY CROSS CATHOLIC SCHOOL
2017 - 2018 CRUSADER CASH PROGRAM
REGISTRATION FORM & LIABILITY WAIVER**

Name: _____

Phone: _____

Email: _____

EARNINGS DISTRIBUTION METHOD

Earnings to be applied as follows (check one):

_____ Tuition Obligation (Enter Family Name)

_____ Fundraising Obligation (Enter Family Name)

_____ Guardian Angel Fund (Tuition Assistance)

DELIVERY OPTIONS (check one)

_____ **BACKPACK**
Please indicate the child and grade level for delivery of your certificates:

Child's name: _____

Grade & Teacher: _____

_____ **OFFICE PICKUP**
Name(s) of person(s) approved to pickup:

* I HAVE READ AND AGREE TO THE 2017 - 2018 GUIDELINES AND POLICIES FOR THE CRUSADER CASH PROGRAM.

* I RELEASE HOLY CROSS SCHOOL, IT'S EMPLOYEES AND VOLUNTEERS FROM ANY LIABILITY FOR LOST OR STOLEN CERTIFICATES AFTER THE CERTIFICATES ARE DELIVERED TO ME OR THE APPROVED PERSON(S) ON THIS FORM.

Signature (Required): _____

Date: _____

Thank you for supporting Holy Cross!!