

**HOLY CROSS CATHOLIC SCHOOL  
2018 - 2019 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 2018 - 2019 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!!**