



## Registration Form

(Return to NCS Main Office)

Name: \_\_\_\_\_  
*Full name of parent(s)/family participating in the program*

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

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please apply my rebates to: *(check only one)*

- #1 \_\_\_\_\_ My tuition account  
*Student Name(s):* \_\_\_\_\_
- #2 \_\_\_\_\_ Another family's tuition account  
*Student Name(s):* \_\_\_\_\_
- #3 \_\_\_\_\_ Anonymously to another family's tuition account  
*Student Name(s):* \_\_\_\_\_
- #4 \_\_\_\_\_ Crusader Financial Aid Fund

It is my intention to maximize NCS Shop with Scrip benefits by applying the rebates earned to the area identified above. In partnering with NCS, I authorize NCS to: *(check only one)*

\_\_\_\_\_ *Apply my rebates directly to my tuition account (no check).*

\_\_\_\_\_ *Write my family a check for my earned rebates.*

***Special Note: Authorization for NCS to write your family a check is only available to families when they select Option #1 for their rebates: My Tuition Account***

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: **\$10**

Cash  Check #: \_\_\_\_\_

*Fee waived each additional year registered.*