
Registration Form

This form must be completed and returned before you place your first order.

PLEASE PRINT

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

(Only to be used as a means of communication)

Enrolled Families

List enrolled student's name(s): _____

Future Families (complete if your child is not yet enrolled at BCS)

Student's name(s): _____

Projected date of enrollment _____

Friends of BCS (complete if you want your rebates to go to a current BCS Family)

BCS Family Name _____

List enrolled student's name(s): _____

We have read, understood and will abide by the policies of the TRIP program.

Print name _____

Signature _____ Date _____

Please submit registration form to: Amanda Clover, TRIP Coordinator

By Mail: Bradenton Christian School, Attn: Amanda Clover • 3304 43rd Street West • Bradenton, FL 34209

By Fax: 941-795-7190, or By Email: aclover@bcspanthers.org