

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 the names of your current students: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

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

Projected date of enrollment _____ Child's name _____

Friends of BCS (no children enrolled at BCS)

You may transfer your earnings toward one of the following. Please choose only one family.

Family of _____ List student/s name 1. _____

General Tuition Assistance Fund 2. _____

3. _____

I would like to keep my donation confidential? ___ Yes ___ No

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

Print name _____

Signature _____ Date _____

Please submit registration form to: Carrie Bendixen, TRIP Coordinator

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

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