



SCRIP ENROLLMENT/ACCOUNT UPDATE FORM

ORGANIZATION _____

Today's Date _____

Your Last Name _____

Your First Name _____

Phone _____

Spouse's Name _____

Address _____

Email _____

STUDENT WITHIN YOUR FAMILY

Student's Last name:

Student's First Name:

Current Grade/Graduation Year

_____/_____
_____/_____
_____/_____
_____/_____

***Please complete the following if you are a relative/friend of a member in any of the above named booster organizations:

I do not have any students in _____ (organization name).

Direct my credits to:

Student last name: _____

Student first name: _____

Student last name: _____

Student first name: _____

() The Jenison _____ Booster Account

***Please fill out if you are student is graduating, or is not returning to the organization, and wish your earnings to benefit another student or organization:

[] Transfer my earnings to: _____
Student name Parent name Organization

[] Transfer my earnings to: _____
Student name Parent name Organization

[] Transfer my earnings to the Jenison _____ Booster Account

***Please initial the following:

It is my understanding that participants in organizations other than band will have an administrative fee deducted equivalent to 20% of the total earned rebate for each order received by his/her student (Please note: this rebate amount is less than the previous deduction which was equivalent to 1% of the retail value [total face value] of each order received). Participants with student in band acknowledge 50% of their total rebate earned will be deducted to benefit the entire band booster program. _____ (initials)