



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.