

TRIP ID # _____
(for office use only)

***Infant Jesus of Prague's TRIP Program
Registration/Disclaimer Form for TGIF Fundraiser***
(This only needs to be filled out once for each family.)

General Information: Please complete all sections of this form.

Last Name _____ First Name _____

Address _____
Home Street Address City State Zip

() - Home Telephone Number

_____ Email address

Delivery of Ordered Certificates

(please check)

___ I will pick up my certificates in person at the IJP Rectory office after 9:30 am on the designated day.
I know that I can pick up certificates in the rectory office during regular office hours (9:30am-4:30pm).

**I have read, understand, and will abide by the IJP TRIP Program's
Registration Information and Program Details.**

I understand that IJP and TRIP are held harmless for any lost or misplaced certificates.

Print Name _____

Signature _____ **Date** _____