

Unity Christian High School
G.I.F.T.S. Family Registration Form

Get It From The School

1. Registration to be completed yearly by all who participate in the G.I.F.T.S. Program

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

2. Gift Card Delivery / Pick Up Instructions:

- Pick up at Unity on Thursday afternoon one week after ordering
- Kid-Mail – Child's Name: _____ Grade: _____
- Other designated pick up person – Name: _____

3. Waiver/Disclaimer:

Please complete this section if a child or other designated person is permitted to bring your gift cards home. This person will receive only the envelope of gift certificates ordered under your family name. Gift certificates cannot be sent with anyone if you have not signed the disclaimer below.

I authorize Unity G.I.F.T.S. representatives to release my gift certificates to the person named above. I will not hold Unity G.I.F.T.S. Program and/or it's representatives responsible for any lost or misplaced certificates.

Name: _____ Date: _____

Signature: _____