



## TRIP Method of Delivery

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If TRIP will be delivered to a child, please include the following:

Child's Name: \_\_\_\_\_

Teacher (PK-6) or locker number (7-12): \_\_\_\_\_

If you plan to have you child bring home your TRIP order or have your order mailed to your home, please read and sign the statement below:

I authorize TRIP committee to release my TRIP order to my child or U.S. postal service. I will not hold the TRIP program responsible for any lost or stolen certificates.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_