## YES! I'm ready to participate in the Central Dauphin Band Boosters



Your Name	_Phone		
Street Address			
City/State/Zip			
Email (Please print carefully)		·····	
Account(s) to be Credited			
(if none indicated, 100% of the rebate will go to the	ie Band Boosters G	eneral Fund)	
Student 1:			
Name:	Grade:	%:	
Student 2:			
Name:	Grade:	%:	
RaiseRight is purchased on your behalf and is cash and should be handled accordingly. For the Boosters will not be responsible for cards or converse while in your possession. You agree and acknow partnership arrangement is created as a result of the gift cards purchased on your behalf; and ties of any kind with respect to the gift cards purchased on your behalf; and ties of any kind with respect to the gift cards purchased payable to "Central Series and cash. If your check is returned because of charged a \$20 fee payable to Central Dauphin tendered on your account, your RaiseRight or der only. Central Dauphin Band Boosters rese amount of scrip that may be purchased by one or restrictions. This agreement can be terminal notice to the other. The 50% portion of the scrip Dauphin Band Boosters Association is eligible deduction. Check with your tax professional for I have read and understand the policies listed Signature	that reason the Ce ertificates that are owledge as follows to four relationship d (c) we make no rurchased on your fit card orders must ral Dauphin Band For non-sufficient funds and Boosters. A dering privileges werves the right to line family and to impated by either of us in rebate that you is to be claimed as a for details and other above, and agree	ntral Dauphin Band lost, stolen, or misplaces: (a) no employment of (b) you are the owner behalf. We will not main behalf. We will not main be accompanied by a Boosters." Please do not ("NSF"), you will be a limited to money will be limited to money will be limited to money will be a charitable contribution of charitable contributions.	cec or er anot ene on