

**Broomfield Soccer Club**

**Scrip Program Agreement**

Broomfield Soccer Club (referred herein as “we,” “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account or a gift to the program. The parties agree as follows:

1. Rebates earned will be used in the following ways:

- a. \_\_\_\_\_% as a charitable contribution to Broomfield Soccer Club (potentially deductible)
- b. \_\_\_\_\_% as a fee credit for the following BSC Family Account: \_\_\_\_\_

**Total: 100%**

Our scrip program distributes the rebates 12 times a year monthly.

With respect to your charitable contributions, we will provide you with all required acknowledgments under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day’s advance notice to the other. Rebates may ONLY be applied to expenses incurred via programs administered by Broomfield Soccer Club, and may not be used for any outside expenses or redeemed for cash. If, for any reason, you leave Broomfield Soccer Club and there are unallocated accumulated Scrip rebates, they shall transfer to the Broomfield Soccer Club scholarship fund.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser’s Signature: \_\_\_\_\_

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

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

**Broomfield Soccer Club Scrip Pick-Up Waiver Form**

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

Scrip Customer Name: \_\_\_\_\_

Scrip Customer Phone: \_\_\_\_\_

Scrip Customer E-mail Address: \_\_\_\_\_

I understand that Broomfield Soccer Club requires scrip program participants to pick up scrip orders in person. I hereby authorize Broomfield Soccer Club to use the following alternate delivery method (check all that apply):

\_\_\_ Do not release my Scrip order to anyone but myself, I will pick up in person

\_\_\_ Send my Scrip order home with the following parent volunteer:

\_\_\_\_\_

Parent Volunteer Name

In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless Broomfield Soccer Club for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via the method listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_