**PLYMOUTH AQUATICS CLUB**

**SCRIP PROGRAM AGREEMENT**

Plymouth Aquatics Club (referred to herein as “PAC”, “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 toward your account and cash back to you, a gift to another swim family, or a gift to Plymouth Aquatics Club. The parties agree as follows:

1.

Rebates earned will be used in the following ways:

**a. \_\_\_10\_\_\_\_\_% will be retained for running the scrip program (NOT deductible)**

**b. \_\_\_40\_\_\_\_\_% will be kept by PAC as fundraiser money for equipment**

c. \_\_\_\_\_\_\_\_\_\_% as account credit for the following swim family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. \_\_\_\_\_\_\_\_\_\_% as account credit for the following swim family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. \_\_\_\_\_\_\_\_\_\_% used as a charitable contribution to PAC (potentially deductible)

 \*After rebate is applied to outstanding account balance(s), remaining amount shall be:

 \_\_\_\_\_\_\_\_\_issued as a cash rebate to you (NOT deductible)

 \_\_\_\_\_\_\_\_\_applied to account for future season

 \_\_\_\_\_\_\_\_\_used as a charitable contribution to PAC (potentially deductible)

**Total: 100%**

Our scrip program distributes the rebates TWO times a year in the month(s) of April and September.

With respect to your charitable contributions, we will provide you with all required acknowledgements 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.

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

Purchaser’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (referred to herein as “you” and “your”)

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

ACKNOWLEDGED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lisa Richards - PAC SCRIP COORDINATOR