

SPA GIFT CARD AUTHORIZATION FORM
(This must be renewed every year!)

I, _____

(please print)

authorize Summit Parents Association (SPA) to send my Gift Card order home
with my child, _____
in Mr./Mrs. _____ 's class (homeroom or advisor),
grade _____, school _____.

I understand that this authorization will be kept on file and will be in effect until
other written instructions are received. I understand that the Gift Cards are like
cash and cannot be replaced if lost or stolen. I also understand that by signing
this agreement, I will not be required to provide a signature confirming receipt
and accuracy of my Gift Card order. I understand that I may revoke this
authorization in writing at any time. I agree to the terms with my signature below.

Signature

Date