

SPA Gift Card Authorization Form

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 or refunded 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 these terms with my signature below.

Signature _____ Date _____