

## 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 \_\_\_\_\_