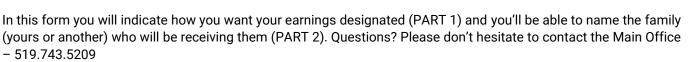


110 Doon Road | Kitchener | ON | N2G 3C8 T 519.743.5209 | www.rockway.ca Charitable #: 1191220918R0001

REGISTRATION FORM

Thank you for choosing to support students and Rockway by joining the SHOP ROCKWAY REWARDS PROGRAM. Welcome! Please complete the following registration form and email, fax (office@rockway.ca or 519.743.5935) or drop it off at the Main Office for processing. Please note, you may purchase without registering, but savings (the 2.5% earning) may only be given to a recipient who has registered.



Name:		Date:	
(Last)	(First)		
Address:			
(House/Apt #, Street Name)	(City/Town)	(Postal Code)	
Phone: () Email:	e print clearly)		
(most convenient #) (Please	e print clearly)		
PART 1: DETERMINING MY EARNING	S.		
1Please put 100% of my earnings (5%) from	n my purchases towards the Go Ro	ockway! Annual Fund.	
2Please put 50% of the earnings (2.5%) from family named in PART 2 and the other 50%			
PART 2: DESIGNATING MY EARNING	S.		
If you selected option 1 from PART 1, then you're f If you selected option 2 from PART 1, then please	•		
I would like the 2.5% earnings to go toward:			
my family (we are currently enrolle	ed at Rockway)		
another family who is currently en		e an account number)	
my family (we are not currently en	-	lling) ear of enrollment:	
another future family who will be e		ust complete this form) /ear of enrollment:	

I have read, understand and will abide by the guidelines in the SHOP **ROCKWAY** REWARDS PROGRAM pamphlet. I also understand that Rockway accepts no responsibility for the grocery cards once they are picked up.

Signature: ____

Date:

The information collected by Rockway Mennonite Collegiate is for the purpose of Administering the SHOP **Rockway** Rewards Program. It will be retained on file while there is any involvement in the SHOP **Rockway** Rewards Program. All information on this form will remain confidential to Rockway and will not be shared.

