

**REGISTRATION FORM**  
for Eagle-TRIP of Grand Rapids Christian Schools

DATE \_\_\_\_\_ TRIP ACCOUNT # \_\_\_\_\_  
(Assigned by GRCS office)

YOUR NAME(S) \_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE DIRECT MY REBATES TO:

MY PERSONAL FAMILY TUITION ACCOUNT – 100%

If you would like your TRIP credits to be directed to more than one account, please indicate each name, account number, and percentage to be received below.

OTHER FAMILY TUITION ACCOUNT:

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ %

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ %

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ %

CHURCH CHRISTIAN EDUCATION FUND \_\_\_\_\_ %  
(Name of Church)

EAGLES FUND (General Tuition Assistance) - ACCOUNT # 169999 \_\_\_\_\_ %

GR CHRISTIAN MIDDLE SCHOOL TUITION ASSISTANCE FUND – ACCOUNT # 253 \_\_\_\_\_ %

I / WE UNDERSTAND AND AGREE TO THE POLICIES AND PROCEDURES OF THE TRIP PROGRAM  
(See reverse side of this page)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

RETURN COMPLETED FORM TO:

Eagle-TRIP LLC  
2400 Plymouth Ave SE, Grand Rapids, MI 49506 (mailing address)  
1050 Iroquois Dr SE, Grand Rapids, MI (physical location)  
Phone: 616-574-6030 Fax: 616-574-6032  
www.EagleTRIP.org