

St. John the Evangelist School Gift Card Pick-Up Waiver Form

Date: _____

Gift Card Customer Name: _____

Gift Card Customer Phone Number: _____

Gift Card Customer E-mail Address: _____

I understand that St. John the Evangelist School requires gift card participant to pick up gift card orders in person. I hereby authorize St. John the Evangelist School to use the following alternative delivery method (check all that apply):

Send my gift card order home with the following student:

Student name, grade, and homeroom teacher

Send my gift card order home with the following parent:

Parent Name

In addition to authorizing the alternative delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless St. John the Evangelist for loss, theft or any other disappearance of gift card orders once they are delivered in good faith via one of the methods listed above.

Signature _____