**School Stewardship Rate Contract 2019-20**

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| --- | --- |
| Family Last Name:  |       |
| Parent Name (s): |       |       |
| Email Address: |       |       |

 Home Address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_

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| Children:  |            | Grade: |            |
|  |            |  |           |
|  |            |  |            |
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I am interested in receiving the School Stewardship rate for the 2019-2020 school year. I understand that in order to receive this rate, I will fulfill the following expectations:

* **Monthly** purchases of Regal Rewards from Regina;
* Thirty-six hours of service to Regina.

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  | Signature |  | Date |

*In order to qualify for the School Stewardship rate, this form must be returned before the student enrolls at Regina. Please return the form to:*

Michelle Winders

2140 Rochester Ave

Iowa City, IA 52245

*michelle.winders@regina.org*