

## School Stewardship Rate Contract 2021-22

Family Last Name: \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Children: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am interested in receiving the School Stewardship rate for the 2021-2022 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.

\_\_\_\_\_  
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*