



TRINITY SCHOOL *at River Ridge*
 VERUM • BONUM • PULCHRUM

Summer Enrichment Registration

Parent Name _____

Phone Number _____ Email _____

Course #	Participant's Name	Grade in 2016-17	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Method of Payment

Check Make checks payable to: Trinity School

Credit Card Circle one: Visa Discover MasterCard American Express

Credit Card #

Exp. Date

Signature

SVC code

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 Eagan, MN 55121-2499
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