

# SEBASTIAN RIVER HIGH SCHOOL PTSA



## 2019-2020 PTSA MEMBERSHIP FORM

Adult's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Circle: I am a... Parent | Teacher | Student | Family Member | Community Member

Circle: I am available... During the Day | After School | Evenings | Weekends | Times Vary

I'd love to help with: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> Period: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> Period: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1<sup>st</sup> Period: \_\_\_\_\_

Items will be delivered to the oldest student if more than one.

Adult PTSA Membership (per Adult) \$10.00 X \_\_\_\_\_ = \_\_\_\_\_ Total Due:

Student/Staff PTSA Membership (per person) \$5.00 X \_\_\_\_\_ = \_\_\_\_\_

**Make checks payable to SRHS PTSA**

\*\*\* For Office Use Only\*\*\*

Total Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Delivered By: \_\_\_\_\_ On: \_\_\_\_\_