

**THE BOBCATS WANT YOU!
JOIN THE PTA TODAY!**



**ONLY \$8.00
PER PERSON**

Member Name(s): _____

Home Phone: _____

E-mail address: _____

•Circle method of payment: Cash or Check #

Name(s) of child(ren): _____

Teacher(s): _____

Relationship to child/school: Dad _____ Mom _____ Grandparent _____

Staff _____ Uncle/Aunt _____ Neighbor/Friend _____

Please accept my additional
donation: \$5.00 _____ \$10.00 _____ \$15.00 _____ Other _____

Please return this form to the office or in your child's folder

Your children thank you!