

Sabine Elementary PTO Membership Form 2016-2017 Membership Fee \$5.00 (per Family)

Name: _____ Phone: _____

Address: _____

Email: _____

(Please Check One: Parent Teacher/Staff Friend/Relative/Other)

Please Contact Me By: Phone Call Text Email

Amount Enclosed: _____ Cash/Check # _____

Please list children attending Sabine Elementary School:

| Student's Name | Grade | Teacher |
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I WANT TO GET INVOLVED!!

I WOULD LIKE TO HELP WITH THE FOLLOWING:

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| <input type="checkbox"/> School Spirit Tattoos | <input type="checkbox"/> Holiday Shop (during school hours) |
| <input type="checkbox"/> Paper Fundraisers | <input type="checkbox"/> Jump Rope for Heart |
| <input type="checkbox"/> Teacher Appreciation Events | <input type="checkbox"/> Harvest Moon Festival |
| <input type="checkbox"/> Chili Cook-Off | <input type="checkbox"/> Family Nights (Bingo, Reading, etc.) |
| <input type="checkbox"/> Volunteer where needed (<input type="checkbox"/> during school hours/ <input type="checkbox"/> after school hours) | |

Special Talents/Others: _____