

La Vista Middle School PTN Membership

Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Email: _____

Are you interested in being on the PTN board? ____ Yes Position: _____

Student(s) Name(s)

_____ Grade: 7th or 8th circle grade

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PLEASE DONATE A MINIMUM OF \$10.00 TO PTN WITH YOUR APPLICATION

Please place a check mark next to those events where you would like to assist:

Conference meals for staff

Fall or Spring (circle one or both)

____ Help plan event

____ Donate: items or cash (circle one)

____ Set up or Clean up (circle one)

Staff Appreciation Week (April)

____ Help plan event

____ Donate: items or cash (circle one)

____ Set up or Clean up (circle one)

Family Food Night/Skating Party Setup Dates

____ Call restaurants to set up food nights thru out the year

____ Call Skate City to set up skate nights

PTN Dance in February

____ Help plan event/make decorations

____ Donate: items or cash (circle one)

____ Set up/concessions (circle one or both)

____ Supervise/Chaperone

Scholarship Committee

____ Review & rank applications

Office Use Only : Paid \$ _____ Cash _____ Check _____ Date _____

