



Membership Form

Family Name:				
Family Member Adult	Family Member Children			
<u>Names</u>	<u>Names</u>	Teacher / Grade		
Full Address				
Phone Number		I can receive text []yes		
Email Address				
The fee to join is \$10 per family.		If you wish to join us we meet: The second Wednesday of every		
[] Cash		month @ 5pm in Rm. 49 Holley Elementary School		
[] Checks payable to Holley PTSA		Children are welcome!		

Please return in envelope addressed to Holley PTSA





PTSA

SUPPORTS...



Volunteer Form

Family Member Volunteering

Name	Telephone	•	Email Address
	Cell:		
	Home:		
	Cell:		
	Home:		
	Cell:		
	Home:		
	Cell:		
	Home:		
Email Address	o receive information:		an receive text []yes
best way t	o receive information.	j cen [] Eman	[] Newsletter
l a	m interested in volun	teering for check	all that apply
Halloween Bash Prek-3 gr. ()		PTSA Santa Shop ()	
Halloween Dance 4-6 gr. ()		Snow Bash Prek-3 gr. ()	
Fall Book Fair ()		Winter Activity 4-6 gr. ()	
Spring Book Fair ()		Fundraisers ()	
6 grade Semi-Formal (6 ^{tl}	h grade parents only) ()		
	I am interested in	joining meetings ()
The second Wedr	nesday of every month (@ 5pm in Rm. 49 H	olley Elementary School

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