

**PARK CITY HIGH SCHOOL PTSO MEMBERSHIP-DIRECTORY INFORMATION**

**2009-2010**

Welcome to Park City High School (PCHS)! The PCHS Parent Teacher Student Organization (PTSO) supports the teachers and staff by donating both time and funds to enhance our students' overall educational experience. Please join us by returning this form with your check for \$25 to the school office or by including your dues on the registration form provided by PCHS at registration. Our Membership Drive is our only fundraiser; and joining the PTSO has a great impact on our programs. You will receive a copy of the PCHS student directory (insert pages) and the monthly newsletter\* as part of your membership. PLEASE FILL THIS FORM OUT - EVEN IF YOU DO NOT JOIN THE PTSO. **You will NOT be listed in the directory if this form is not completed.** Please also consider helping as a volunteer. This year's opportunities are listed below. Please contact Connie Whitworth at [parkcityptso@gmail.com](mailto:parkcityptso@gmail.com), or Kristin Ryberg, 655-2961 with questions. Thank you for your support.

**PLEASE PRINT CLEARLY**

**Parent's First and Last Names:**

\_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (ONLY if different from physical) \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Parent(s) Cell \_\_\_\_\_ Cell \_\_\_\_\_  
will be published Cell numbers will NOT be published.

**Email Address** (will NOT be published) \_\_\_\_\_

**\*Yes, please email me the monthly newsletter and weekly eblast information.**

*(You do not have to be a member to participate.)*

If not checked, I will view the newsletter at the school website or pick up a hard copy in the office.

If you do not receive email by mid-Sept. email at [parkcityptso@gmail.com](mailto:parkcityptso@gmail.com).

**YES**, I would like to have my information published in the directory.

**NO**, do not publish my information in the directory.

**STUDENT'S Name:**

**LAST:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
*will be published*

**LAST:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
*will be published*

**LAST:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
*will be published*

**The PTSO needs your help!**

Check the committees in which you would like to participate. The Committee Chairperson will contact you.

**THANK YOU!**

<input type="checkbox"/> Honor Roll Recognition	<input type="checkbox"/> Directory	<input type="checkbox"/> Docudrama-Driving Safety
<input type="checkbox"/> Graduation Night Party*	<input type="checkbox"/> Mini-Grants	<input type="checkbox"/> Eblasts
<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Volunteers at Large	<input type="checkbox"/> Newsletter

\*For the Grad Night Party, parents of non-seniors are especially needed.

Please consider volunteering for **registration August 18, 19, and 20**. This is a great way to meet or catch up with friends new and old. Email [parkcityptso@gmail.com](mailto:parkcityptso@gmail.com) if you would like to help with this extremely important job. You can work all 3 days or just pick a morning or afternoon 3 hours time slot. Training will be provided.

<b>PCHS PTSO MEMBERSHIP:</b>	<b>\$25</b>	Includes directory pages	\$ _____
<b>**PCSD Directory Binder:</b>	<b>\$5</b>		\$ _____
<b>Additional Directory Pages:</b>	<b>\$5 PTSO Member</b>	Does NOT include binder	\$ _____
<b>Directory Pages ONLY:</b>	<b>\$20 Non-Member</b>	Does NOT include binder	\$ _____
			<b>Total: \$ _____</b>

**\*\*Note:** PCSD PTO/PTA's have gone to a district binder format with loose leaf pages.

You will receive the page inserts annually. If you need a binder to hold your pages, the cost is \$5.