PARK CITY HIGH SCHOOL PTSO MEMBERSHIP-DIRECTORY INFORMATION
2010-2011

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* and weekly eblast 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:pcwhitworth@utahbroadband.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)_____

Additional/Second 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 .

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

_____**NO,** do not publish my information in the directory.

STUDENT'S Name(s):
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!**

_____ Honor Roll Recognition	_____ Directory	_____ Docudrama-Driving Safety
_____ Staff Appreciation	_____ Mini-Grants	_____ Eblasts
_____ Graduation Night Party*	_____ Volunteers at Large	_____ Newsletter

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

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

****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