

2009 - 2010
Shadow Mountain High School
PTC (Parent Teacher Club) Membership Form
Online registration at <http://members.cox.net/smhsptc/>

Father's Name _____

Mother's Name _____

Address _____

City _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Email Address _____
please print clearly

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Please add my information to the SMHS Family Directory: Yes ___ No ___

Family Membership (2 Cards) \$30 _____

Single Membership (1 Card) \$20 _____

Activity Calendar \$5 _____

SMHS Family Directory \$5 _____

Voluntary Donation \$ _____

TOTAL ENCLOSED: \$ _____

***PLEASE MAKE
CHECKS PAYABLE
TO: **SMHS PTC**

I am interested in helping with PTC programs and/or activities. Yes ___ No ___

Project Graduation _____ Homecoming _____

Membership _____ Lunch Sales _____

Serving on a committee _____ Scholarship Fund _____

Time Available: Daytime _____ Evening _____ Either _____

Please bring form with you to Registration or

Mail To: SMHS PTC, Shadow Mountain High School, 2902 E. Shea Blvd. Phoenix, AZ 85028 or go to website to register.

QUESTIONS - PLEASE CALL MEMBERSHIP CHAIRPERSON

Anita Gerulis – 602/943-9419 or 602/670-4303