# Hillcrest High School PTSA Membership Form
## 2008 -2009

Name: _____

Address: _____

_____

Phone Number(s): _____

E-Mail Address: _____

I have Children in: 9th 10th 11th 12th
(circle as appropriate)

**YES!** - I want to get involved

I am interested in the following areas (please circle)

Hospitality Chaparone Red Ribbon Week Volunteer Coord/ Team Capt.

Committee Chair Membership Working in School Store Grounds

Communications: Spirit Week Reflections After Prom
(Newsletter, Publicity, Advertising)

Other: _____

Please fill out this form , enclose $5.00 and return to the school office in an envelope marked "PTSA"
(Checks payable to "Hillcrest HS PTSA")
Your will receive your membership card within 14 days of receipt.
Thanks for caring enough to get involved!!