

Island Creek Elementary School PTA

Every child. One voice.

Member Name _____ please circle: M/F

Please check: Student _____ Faculty _____ Parent _____ Grandparent _____ Guardian _____ Supporter _____

Member Name _____ please circle: M/F

Please check: Student _____ Faculty _____ Parent _____ Grandparent _____ Guardian _____ Supporter _____

Address _____

Telephone Number _____ Email _____

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

_____ 1 Member \$10.00 _____ 2 Members \$15.00 _____ Teacher \$5.00 Amount Enclosed \$ _____

Please complete form and return with payment in attached envelope to your child's classroom. If you have additional children, please list them on the reverse side. Checks should be made out to: ICES PTA. Thank you for your support!

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