

# Holy Trinity PTC

## Membership Form

Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Total amount: \_\_\_\_\_ (\$5.00 per guardian/parent)

Please return Attention Mary Rudock c/o Alex 3A

