

EHRHARDT PTO MEMBERSHIP FORM

Membership is \$20 per family

Please make checks payable to EHRHARDT PTO

PARENT'S NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

STUDENTS ATTENDING EHRHARDT

1. NAME _____ GRADE _____

TEACHER _____

2. NAME _____ GRADE _____

TEACHER _____

3. NAME _____ GRADE _____

TEACHER _____

4. NAME _____ GRADE _____

TEACHER _____