



PARENTS AND TEACHERS ORGANIZATION

P.O. BOX 837, ROCKPORT, MA 01966

**Strength in numbers!
Please consider joining your PTO!
The membership fee is only \$5.00 per year.**

Enclose your payment with this completed form (make checks payable to: "Rockport PTO") and return it to your child's school or mail to: Rockport PTO, P.O. Box 837, Rockport, MA 01966.

NAME _____ PHONE _____

ADDRESS _____ E-MAIL _____

STAFF POSITION _____ GRADE TAUGHT _____

COMMUNITY MEMBER WITH NO CHILDREN IN THE SYSTEM

PLEASE LIST EACH CHILD'S NAME AND GRADE BELOW:

_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____

PLEASE CHOOSE HOW ACTIVE YOU ARE ABLE TO BE THIS YEAR

- | | |
|--|--|
| <input type="checkbox"/> BOX TOPS – ELEM or MS | <input type="checkbox"/> AUCTION (April '10 event) |
| <input type="checkbox"/> Elem. Book Fair | <input type="checkbox"/> Holiday Fair (Nov '09) |
| <input type="checkbox"/> HS/MS Book Fair | <input type="checkbox"/> Family Fun/ ETC. |
| <input type="checkbox"/> Baking Goods | <input type="checkbox"/> I just want to receive the PTO Newsletter |

Paid CASH - _____ Check # _____

Received by: _____