



SARATOGA

Parent Teacher Organization

Membership Information

Last Name _____ First Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____ Add to e-mail mailing list: Yes NO

Names and grades of children attending Saratoga: _____

Are you interested in any of the following committees?

- _____ Membership
- _____ Events
- _____ Newcomer Welcoming

What activities are you interested in helping with?

- | | | |
|------------------------------|----------------------|--------------------------------------|
| _____ Family Nights | _____ Fundraising | _____ Teacher / Staff Communications |
| _____ Event set up/ clean up | _____ Event planning | _____ Website / PR Communications |
| _____ Soliciting Donations | _____ Holiday Store | _____ Teacher Appreciation |

How much time are you willing to devote to PTO?

- | | | |
|--------------------------|------------------------------|-------------------------------------|
| _____ 1-2 hours per week | _____ 1-2 hours per month | _____ Unable to commit at this time |
| _____ 3-5 hours per week | _____ Other (please specify) | |

What events would you like to see PTO sponsor at Saratoga: (Use back of form if necessary.)

May we contact you about PTO activities?

- _____ Yes, via email _____ Yes, via cell / home phone (circle preference) _____ No

Membership Donation

Saratoga PTO membership is free and does not require any fees to participate, however monetary donations are always accepted. Please compete the following if you choose to make a donation in lieu of or in conjunction with your donation of time. Make checks payable to Saratoga PTO.

You may choose to allocate your donation below. If you do not wish to allocate your donation and would rather the fund be used as necessary throughout the year, indicate a General Donation only.

- \$ _____ General Donation
- \$ _____ Teacher Appreciation
- \$ _____ Fright Fest
- \$ _____ Family Nights
- \$ _____ Student assistance (school supplies, backpacks, etc.)
- \$ _____ **TOTAL DONATION**