

 BROOKHAVEN ACADEMY PTL   
**MEMBERSHIP**

**YOUR INFORMATION**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPOUSE \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PLEASE LIST THE NAMES OF YOUR CHILDREN AND THEIR GRADE.**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**HOW ARE YOU INTERESTED IN GETTING INVOLVED WITH PTL?**

- \_\_\_ FALL FESTIVAL
- \_\_\_ SANTA SHOPPE
- \_\_\_ VALENTINE'S FUNRAISER
- \_\_\_ COUGAR STORE
- \_\_\_ TEACHER APPRECIATION

**I would like to become a member of the BA PTL.  
I understand that I will have \$20 charged to my account for an  
annual PTL annual membership upon agreeing to the form.**

SIGNATURE \_\_\_\_\_