

Hoover School Parent Faculty Organization (PFO)

YES, I want to become a member and YES, I want to be eligible for voting and membership discounts!

Member Name: _____ E-mail: _____ Phone: _____

Member Name: _____ E-mail: _____ Phone: _____

Member Name: _____ E-mail: _____ Phone: _____

Student's Name: _____ **Class Room #** _____ **Grade:** _____

List any Brother(s)/Sister(s) and their class/grade:

of members _____ x \$5.00 = Total Enclosed \$ _____

1) _____ Room # _____ Grade _____

2) _____ Room # _____ Grade _____

3) _____ Room # _____ Grade _____

I would like to volunteer at the following activities/events:

- On-Site Volunteering:** (Classroom Volunteer or Room Parent)
- Family Events Volunteering:** (Hamburger Fry, Santa Shop, Mud Run, Red Ribbon Week, Field Day, Hoover Concert, Staff Appreciation)

PFO USE: Date Collected _____ Amount Collected \$ _____ Date Logged: _____ Int: _____