

Charles City High School



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Member's Name: _____

Member's Name: _____

Address: _____

Phone Number: _____

Student's Name: _____

Grade: _____ Teacher: _____

Student's Name: _____

Grade: _____ Teacher: _____

Student's Name: _____

Grade: _____ Teacher: _____

_____ Members at \$7.00 per member

_____ Amount Enclosed