

**Charles City Elementary School**



*everychild. one voice.®*

Member's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

---

For CCES PTA Use Only:

Method of Payment:    *Cash*                      Check # \_\_\_\_\_

Amount of Payment: \_\_\_\_\_                      Date Received: \_\_\_\_\_