



**Join TEAM 20!!**  
**TEAM MEMBERSHIP FORM**



I want to join **TEAM 20** (\$45 per student) \_\_\_\_\_ x \$45 = \$ \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I am interested in volunteering with TEAM 20 with:

- Serving on Team 20
- Assist with Reward Days
- Donating for Luncheons

Please list the names of your TEAM 20 student(s):

Student's Full Name: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

By joining this TEAM you are also automatically a member of SHS PTSO.

***Please make checks payable to: TEAM 20***  
***Send payments to:***  
**Summit High School PTSO – ATTN: TEAM 20**  
**2830 Twin Lakes Dr., Spring Hill, TN 37174**

**TEAM USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  Check #: \_\_\_\_\_  Cash

REWARDS GIVEN: 1)  2)  Volunteer Contacted: