



Join TEAM 21!!
TEAM MEMBERSHIP FORM



I want to join **TEAM 21** (\$25 per student) _____ x \$25 = \$ _____

Parents' Name(s): _____

Email: _____

Phone(s): _____

Address: _____ City: _____ Zip: _____

I am interested in volunteering with TEAM 21 with:

- Serving on Team 21
- Assist with Reward Days
- Donating for Luncheons

Please list the names of your TEAM 21 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 21
Send payments to:
Summit High School PTSO – ATTN: TEAM 21
2830 Twin Lakes Dr., Spring Hill, TN 37174

TEAM USE ONLY

Date Received: _____ Received by: _____ Check #: _____ Cash

REWARDS GIVEN: 1) 2) Volunteer Contacted: