



Join TEAM 22!!
TEAM MEMBERSHIP FORM



I want to join **TEAM 22** (\$20 per student) _____ x \$20 = \$ _____

Parents' Name(s): _____

Email: _____

Phone(s): _____

Address: _____ City: _____ Zip: _____

I am interested in volunteering with TEAM 22 with:

- Serving on Team 22
- Assist with Reward Days
- Donating for Luncheons

Please list the names of your TEAM 22 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 22
Send payments to:
Summit High School PTSO – ATTN: TEAM 22
2830 Twin Lakes Dr., Spring Hill, TN 37174

TEAM USE ONLY

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

REWARDS GIVEN: 1) 2) Volunteer Contacted: