

PAWCATUCK MIDDLE SCHOOL
FITNESS AND ATHLETIC BOOSTERS
MEMBERSHIP FORM

Parent(s) Name: _____

 Email Address: _____



Address: _____

Phone Number: _____

Child/Children's Name: _____

Grade/Grades: _____

Teacher/Teachers: _____

 Please  if you are able to volunteer at
the family fitness nights

Please include cash or a check in the amount of \$5.00 made payable to:

PMS – Fitness and Athletic Boosters