

Katzenbach Parent/Staff Organization

**2009 - 2010 DUES ARE ONLY \$5.00 PER-FAMILY
MAIL IN YOUR REGISTRATION TODAY!**

PLEASE NOTE: THE K.P.S.O. MEMBERSHIP YEAR IS FROM SEPTEMBER THROUGH AUGUST.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Voice: _____ TTY: _____

Video Replay _____ E-mail: _____

Important! Please check the following:

My phone number can be given to KPSO committee members. YES _____ NO _____

You may list my name and number in the directory. YES _____ NO _____

Check those which apply:

___ Fundraising

___ Library

___ Decorating

___ Alumni Information

___ Newsletter

___ I volunteer to help in my child's building.

Would you be interested in serving on any of the following committee?

Fund Raising

Alumni Information

Membership

Programs and Publicity

Newsletter

Room Persons

I volunteer to be a room parent for my child's class.

PLEASE MAKE YOUR CHECK/MONEY ORDER PAYABLE TO K.P.S.O. AND SEND TO:

K.P.S.O.
Katzenbach School for the Deaf
PO Box 535
Trenton, N.J. 08625-0535

Dues	\$5.00
Contribution	+ _____
Total	\$ _____