

**King Philip Parents' Network
MEMBERSHIP FORM**

KP Parents' Network c/o King Philip High School
201 Franklin Street, Wrentham, MA 02093
www.kingphilipparentnetwork.com

Name(s) _____ Phone _____

Email _____

Address _____

Student Name(s) / Grade(s)

_____/_____
Student Name Grade Student Name Grade

_____/_____
Student Name Grade Student Name Grade

DONATIONS

Suggested Membership Donation:

(per student, grades 9, 10, 11) \$10.00 _____ Other \$ _____
(Seniors) \$50.00 _____ Other \$ _____

Please make checks payable to: King Philip Parents' Network

VOLUNTEER

Please circle the committee or committees with which you would like to be involved. You will receive information within a couple of weeks or you may contact Connie Willman directly at conniewillman@yahoo.com

TEACHER APPRECIATION

FATHER DAUGHTER DANCE

FIVE NIGHTS

FUNDRAISING

PUBLICITY

SENIOR ALL NIGHT PARTY:

___ planning ___ construction
___ decoration/design ___ set-up
___ chaperone ___ clean-up