

T.E.A.C.H HOMESCHOOLERS APPLICATION 2018/2019

Activities open *only* to TEACH participants!

Participation Fee \$25 (covers insurance and Scrawls subscription)

Last Name _____ Husband's Name _____ Wife's Name _____

Street Address _____

City/State _____ Zip _____ Number of Years Homeschooling _____

Telephone Number _____ Cell Phone Number _____

E-mail Address _____

Please list your children's names as well as ages and/or grade levels for the **2018-2019** school year.

T.E.A.C.H. can only function successfully with the help of its participants. We do not have paid staff, so we depend on the assistance from everyone. Please indicate in which area or committee you are willing to help or what skills you are able to share with TEACH:

- | | |
|---|---|
| <input type="checkbox"/> Box Tops Helper
<input type="checkbox"/> Cell Group Leader/Member
<input type="checkbox"/> Co-op Leader/Teacher/Administration
<input type="checkbox"/> Baseball Coach/Helper
<input type="checkbox"/> Basketball Coach/Helper
<input type="checkbox"/> Soccer Coach/Helper | <input type="checkbox"/> Track & Field Day Committee
<input type="checkbox"/> Field Trip Coordinator/Planner
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|---|---|

Checks should be made payable and mailed to:

T.E.A.C.H.
P.O. Box 296
Adamstown, PA 19501