

22/23 PTG Membership Form

Family Name: _____

Parents/Guardians First Name _____

Email Address: _____

Home Address: _____

Phone: () _____

Car License Plate: _____

Child(ren) Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please return this form with \$20 payment via CASH, CHECK payable to Cabrini EPTG,
or VENMO with the username Cabrini_EPTG.