

UCHS
PARENT ADVOCATES

**UCHS PARENT VOLUNTEER
REGISTRATION FORM**

NAME _____

ADDRESS _____

PHONE:

HOME _____

WORK _____ (If you can be reached there)

CELL _____

EMAIL _____

SPOUSE _____

CHILDREN & AGES

HOW DID YOU HEAR ABOUT US?

**NEXT MEETING: THURSDAY, OCTOBER 20, 6:30PM
PIZZA KING COMMUNITY ROOM**

CONTACT PERSON FOR GROUP:

MARY ANN PAXTON (765) 732-3313 OR (765) 458-9977

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