

St. Catharine's PTA Activity Sign Up Sheet

Please indicate where you are able to help with the following events and return this form to Sue Eby c/o Jane, by September 2nd. Please call Sue if you have any questions at 661-0874. Thank You

Parent Name(s) _____

Student Name(S)/Grade _____

Phone number (home) _____

- (1) **In school enrichment:**
Chairperson: COSI Volunteer: Art Day Volunteer:
- (2) **Picture Person Program**
Helper: Grade _____
- (3) **Cafeteria Worker**
Please Indicate days available: _____
- (4) **Care and Share:**
Chairperson: Host:
- (6) **Cheer:**
Chairperson: Helper:
- (7) **Fun Night**
Chairperson: Helper grade K/1: Helper grade 2/3:
- (8) **Nurse's Room**
Chairperson: Helper:
- (9) **Library:**
Chairperson: Day/Grade Pref: _____
- (10) **Room Parent**
Chairperson: Room Parent: Grade: _____
- (11) **Spiritwear**
Chairperson: Helper:
- (12) **Uniform Exchange**
Chairperson: Helper:
- (13) **Office Help**
Day preference: _____
- (14) **Split the Pot**
Chairperson: Helper:
- (15) **Computer Lab Help**
Day Preference: _____
- (16) **Emergency Phone Tree**
Chairperson: Caller:
- (17) **Auction:**
Chairperson: Food: Decorations:
Donations: Typing: Volunteer:
- (18) **Santa's Gift Shop:**
Chairperson: Crafter: Volunteer:
- (19) **Candy Sale:**
Chairperson: Helper: