

SHCH
South Hillsborough Christian Homeschoolers
Membership Form 2007-8

Name: _____ Birth Date: _____

Spouse Name: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ **All communication is via email. Information is also available on the website at www.shchonline.com**

Children:

Name	Birth Date	Age	Grade
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Name	Birth Date	Age	Grade
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Name	Birth Date	Age	Grade
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Name	Birth Date	Age	Grade
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Name	Birth Date	Age	Grade
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SHCH offers many benefits of membership including but not limited to field trips, special events and park days. It is my responsibility as a parent to be mindful of my children, knowing that I am solely responsible for their actions and safety. SHCH, its leadership, fellow members, facilities and owners of such facilities will not be held responsible for any injury, harm or missed events that affect my family in any way. No refunds are given or implied for membership or activities. All communications are via email and/or website at www.shchonline.com

SHCH Membership of \$28 includes a discounted membership (\$18) to the Florida Parent Educators Association, FPEA when submitted prior to March 1, 2008 and group dues of \$10 for SHCH.

SHCH \$28 _____ Ck # _____

Parent(s) Signatures