



Phillipsburg High School Key Club
2016-2017 Registration Form

Name: _____ Grade: _____

Street Address: _____

City/State: _____ Zip Code: _____

Student's Cell Phone: _____

Parent's Cell Phone (optional): _____

We will send text reminders for events that you sign up for.

Email: _____

T-Shirt Size: S M L XL

Please check the committees that you are interested in joining:

___ Member Relations (Get the word out about Key Club by making posters/flyers and organize club celebrations/parties)

___ Social (Organize Ice Cream socials and other club parties/celebrations)

___ Scrapbook (Help get our scrapbook ready for the District Convention competition)

___ Math Matters Tutoring (Be able to tutor Algebra I, Algebra II, or Geometry)

___ Food Drives (Organize food drives to assist with this year's District Project)

___ Fundraising (Coordinate fundraising efforts that enhance opportunities for members)

___ Major Emphasis (Volunteer at Early Childhood Learning Center events)

Key Club Dues: \$20.00

(Goes toward your t-shirt & registration with Key Club International, our district, & our club)

Date paid: _____ Cash or check #: _____ Checked by: _____

- Check out our website! www.pbkey.club
- Request to join the PHS Key Club group on Facebook.
- Follow us on Twitter & Instagram for updates @pbkeyclub.

As a member of Key Club, your child will be participating in a number of community service activities and events that may be videotaped for possible broadcast on PSDTV Channel 262, as part of Service Electric Cable, or photographed for publication in the Key Club monthly newsletter, the Key Club website, the NJ District Key Club newspaper, local newspapers, and Key Club International magazine.

We will not include your child in any broadcast or publication without your written consent.

If you decide to grant permission and later wish to rescind permission, you may do so by sending a letter to the Key Club advisor, Mr. Greg Babbitt. The rescission of permission will take effect upon receipt of the letter by the advisor.

Please check one of the following choices:

I/We **GRANT** permission for videotaping and/or photographing that includes this student.

I/We **DO NOT GRANT** permission for videotaping and/or photographing that includes this student.

Student's Name (please print): _____

Student's Grade: _____

Print name of Parent/Guardian:

Signature of Parent/Guardian:

X _____

Relationship to student: _____ Date: _____

Student must have 8 hours of service per semester and be part of one or more committees to retain membership.

Student Signature: _____ Date: _____