

BEIT RABBAN PARENTS ASSOCIATION

Please list your child (children) and their ages:

Name: _____

Age: _____

Name: _____

Age: _____

Please tell us your name(s):

Are there any particular activities you would like to be involved in? Or any events that you feel would be important for the BRPA to participate/support this year?

Dues Chart

Family with one child (rec'd before 9/13/10)	\$162		Family with two children (rec'd after 9/13/10)	\$180
Family with one child (rec'd before 9/13/10)	\$189		Family with two children (rec'd after 9/13/10)	\$210

Please make checks payable to Beit Rabban Parent Association and use the enclosed envelope – feel free to hand it into the office at the school or mail it in.

Amount Enclosed: _____

Thank You! Looking forward to seeing you soon,

BRPA
