



# FSA BOARD MEMBER INTEREST FORM 2018-2019

**NAME:**

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**EMAIL ADDRESS:**

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**PHONE NUMBER:**

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**CHILDREN'S**

1.

3.

**NAMES & GRADES**

2.

4.

**BEST TIMES TO ATTEND MEETINGS?**     **MORNINGS**     **EVENINGS**

**I AM INTERESTED IN THE FOLLOWING COMMITTEES (CHECK ALL THAT APPLY):**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> FAMILY SOCIAL           | <input type="checkbox"/> FALL FELLOWSHIP<br>(CARNIVAL) | <input type="checkbox"/> SPIRIT STORE                                    | <input type="checkbox"/> FAMILY, FAITH,<br>FORMATION |
| <input type="checkbox"/> BREAKFAST<br>WITH SANTA | <input type="checkbox"/> GRANDPARENTS DAY              | <input type="checkbox"/> SPRING FELLOWSHIP<br>(ST. PATRICK'S DAY PARADE) |  |
| <input type="checkbox"/> POTTERY JAM             | <input type="checkbox"/> ROOM MOM LIAISON              | <input type="checkbox"/> GALA  | <input type="checkbox"/> PARTNERS<br>PROGRAM         |

**SUGGESTIONS FOR FUTURE FSA EVENTS AND/OR FUNDRAISING AT SFCS?**

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**PLEASE RETURN THIS COMPLETED FORM  
TO THE SCHOOL OFFICE BY TUESDAY, MAY 15TH**