

2024-2025 OBE PTO Membership Form

Fill out this form and submit with your student or register online at www.obespto.com.

Parent/Guardian Name: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Student's Name

Grade

Teacher

Student's Name	Grade	Teacher

Methods of Payment: Cash, Check, Paypal
(dolphinsobespto@gmail.com)

Family Membership:

\$15

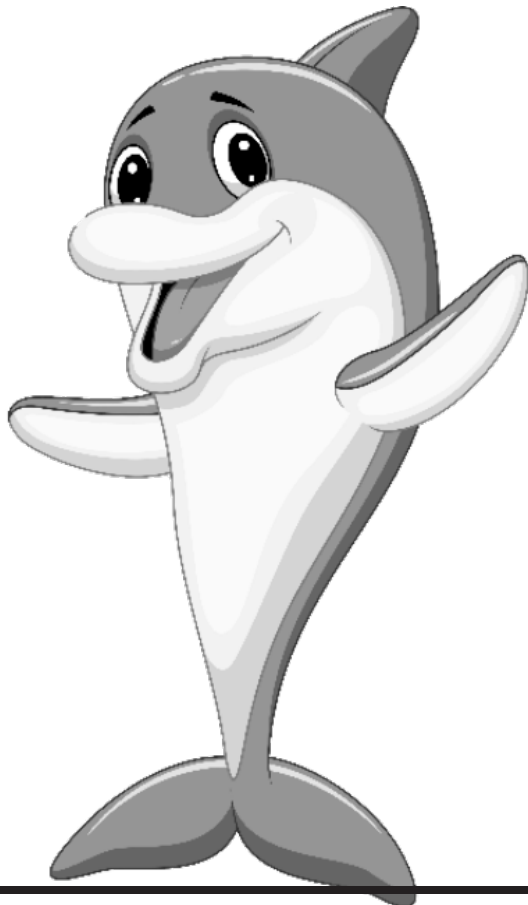
Teacher Membership:

\$10

Internal Use Only

Cash: _____

Check #: _____



Credit:

Paypal:

Are you interested in volunteering for any of the following
(check all that apply):

Fundraising/Sponsorships: _____

Box Tops:

OBE Community Events (see calendar):

Boosterthon/Fun Run: _____

Monster Bash:

Holiday Shoppe: _____

Teacher/Staff Appreciation Week:

Sock Hop: _____