

KAPANUI SCHOOL – FAMILY AND FRIENDS ASSOCIATION

INFORMATION FORM

Contact Details

Name: _____
Address: _____ _____
Phone: _____ Mobile: _____
Email: _____

Yes, I would like to be on the Family and Friends Committee

Yes, I would like to be involved in the Family and Friends Association, but no on the Committee

No, I do not wish to be part of the Family and Friends Association

Would you be interested in taking a specific role on the Committee?

No

Yes Chair Secretary Treasurer

What is your skill set and how can you provide assistance to the Family and Friends Association?

Do you have any fundraising suggestions?
