

## CISD PTA Guidelines Receipt

Name \_\_\_\_\_

Organization's Name \_\_\_\_\_

I hereby acknowledge receipt of the Comal ISD PTA Guidelines. I agree to read the guidelines and abide by the standards, policies and procedures defined or referenced in this document.

\_\_\_\_\_  
Signature (PTA Officer)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position in PTA  
(i.e. President, Treasurer)

*NOTE: Please sign, date, and return this form to:*

*Comal ISD Business Office  
Attn: Justine Abel  
1404 IH 35 North  
New Braunfels, Texas 78130  
(830) 221-2034 Ph.  
(830) 221-2007 Fax  
justine.abel@comalisd.org*