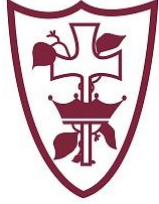


St. Martha
Catholic School



BETA BIRTHDAY CLUB



Student's Name _____ HR Teacher _____

Date of Actual Birthday _____ Age on Birthday _____

School Date to Celebrate Birthday _____ (please check with HR teacher)

Beta Birthday Options

_____ Name on Birthday Board

_____ Name on Announcements

_____ Spirit Day on Birthday
(current spirit shirt and long blue jeans)

Check any or all options.

Cost for these options = **\$10** total
(total cost; not cost for each option)

Total \$ _____

Please pay by **check only** made payable to SMCS and write "Beta Birthday" in the memo field.

Please return this form to Mrs. Henry at least one week prior to the birthday celebration.

Thank you for supporting the Beta Club!

School Office Use Only

Date rec'd _____

\$ Amt./Ck. # _____

Copy to Beta Pres. _____