



Jacobson Culinary Arts Academy
Tarpon Springs High School

Culinary Student

Full Name _____

Grade _____ Culinary Level _____

Culinary Parent(s)

Name _____

Address _____

Mailing Address (if different) _____

Phone Number _____ Alt. Phone Number _____

Email _____

By becoming a Parent Member of the JCAA of Tarpon Springs High School, you agree to pay dues of One Hundred Dollars (\$100.00), volunteer twenty hours before the completion of each school year, attend at least five meetings during the school year, and abide by all JCAA of Tarpon Springs High School bylaws.

Signature _____ Date _____

Thank You for Supporting JCAA!

For Treasurer's Use