

**MANHASSET UNION FREE SCHOOL DISTRICT**  
**TEAM NAME COMMITTEE INTEREST FORM**  
(Please Type or Print)

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

To help ensure the committee has a balanced representation across our community, please indicate if you are a:

- Current student (please note grade) \_\_\_\_\_
- Parent of current student(s) (please note grades) \_\_\_\_\_
- Resident MHS alum (please note graduation year) \_\_\_\_\_
- Non-resident MHS alum (please note graduation year) \_\_\_\_\_
- Resident community member \_\_\_\_\_

Elementary school attendance area you reside in: Shelter Rock: \_\_\_\_\_ Munsey Park: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Profession / Experience: \_\_\_\_\_

Briefly state why you would like to serve and what you hope to accomplish:

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Briefly state skills or attributes you possess that you believe would be an asset to the committee:

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I acknowledge that, if selected, by accepting an appointment to the Team Name / Mascot Committee that I will pursue the committee's mission and abide by District policies governing Citizens Advisory Committee members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by email: [districtclerk@manhassetsschools.org](mailto:districtclerk@manhassetsschools.org) OR

By mail: District Clerk, Manhasset Public Schools, 200 Memorial Place, Manhasset, NY 11030