

Your Name: _____

Phone Number: _____

Address (if do not have child attending Bayview):

Dedicate book to _____

If student, his/her teacher: _____

Name(s) to appear on bookplate as presented by (e.g., Mom, Dad, Grandma, Aunt Edna):

Special Message to appear on bookplate (e.g., Happy Birthday! Thanks for all you do!):

Return this form along with \$20 (if check, payable to Bayview PTA)
to your child's teacher or to the PTA basket in the office.
Mailing information: 1175 Middle River Drive, Fort Lauderdale, FL 33304



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