



TEEN ADVISORY BOARD APPLICATION

Please print:

Name: _____

Birthday: ____ / ____ / ____

Age: _____

School Attending: _____ Grade: _____

Phone number: (_____) _____ - _____ (__Cell __Home)

Are you able to receive text messages? __Yes __No

Email (Please print clearly!): _____

What is the best way to contact you? __Text __E-mail __Phone Call

I have been made aware of the Teen Advisory Board Guidelines. By signing this application, I agree to comply with the policies and procedures outlined in the Guidelines.

Signature: _____

Date: _____

