

YOUTH ADVISORY COMMITTEE APPLICATION

Date: _____

Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____



School you will be attending in the 2010-2011 school year: _____

Why do you want to be on the Youth Advisory Committee:

List the specific projects or activities you would like the Youth Advisory Committee to undertake:

Hobbies and personal interests: _____

Other: _____

Please return completed applications to:

Kim MacDougall

Terrace Sportsplex, 3320 Kalum Street

Fax: 250-615-3010

Email: kmacdougall@terrace.ca

Phone: 250-615-3025

Signature