

YOUTH ADVISORY COMMITTEE APPLICATION

Date: _____

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

School you will be attending in the 2009-2010 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:

Alisa Thompson

City Hall, 3215 Eby Street

Fax: 250-638-4777

Email: athompson@terrace.ca

Phone: 250-638-4721

Signature

