



Teen Advisory Board Application

PERSONAL INFORMATION:

Name _____

Home Phone (_____) _____ Other Phone (_____) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ *Applicants must be at least 12 years old.*

School _____ Grade _____

At which library do you want to join the Teen Advisory Board (TAB)? Circle your choice(s).

Civic Center Mustang Palomino Arabian Appaloosa

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Home Phone (_____) _____ Other Phone (_____) _____

PHOTO RELEASE:

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

Parent or legal guardian's signature _____ Date _____

♦ We appreciate your interest and support of the Library.

Thank You!

