



Halton Hills Public Library Teen Advisory Group

Please type or print. If you have any questions or need more information, contact Douglas Davey at (905) 873-2681 x 2508.

Please return the completed application to your supervisor at either the Acton or Georgetown Branch.

NAME: _____

ADDRESS: _____

TOWN: _____ POSTAL CODE _____

EMAIL: _____ PHONE NUMBER: _____

SCHOOL YOU ATTEND: _____ GRADE: _____

Please indicate why you would like to be part of this group:

The Teen Advisory Board will **meet every two months** at the Georgetown Branch.
Can you commit to meeting every two months for at least a year? YES NO

Have you discussed your participation with your parent or guardian? YES NO

Signature: _____ Date: _____