



Teen Advisory Board Application

PERSONAL INFORMATION:

Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ (Minimum age is 11 for TAB Board)

School _____ Grade _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

PHOTO RELEASE:

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

PERMISSION:

Parent or legal guardian's signature _____ Date _____

We appreciate your interest and support of the Library. Thank You!

You may email the completed form to jtjepkes@atlantic.lib.ia.us OR bring into the Atlantic Public Library at 507 Poplar Street. Any questions, please contact Julie (Youth Services Librarian) or Katlyn (Youth Services Librarian Assistant) at 243-5466, ext. 1