

TEEN ADVISORY GROUP (TAG)
Application Form
Lake Travis Community Library



NAME _____ GRADE _____

ADDRESS _____

PHONE NUMBER _____

CIRCLE BEST TIME AND DAY TO MEET:

4:30 5:30 MONDAY TUESDAY WEDNESDAY THURSDAY

1:00 2:00 3:00 SATURDAY SUNDAY

I would like to serve on the Teen Advisory Group because _____

School _____

Parent's Name _____

Student Signature

Parent Signature