



Youth Council Registration Form
2016/17



Name _____ DOB _____

Address _____

_____ Postcode _____

Mobile Number _____

Email Address _____

Which school do you go to _____

Are you a member of your School Council _____

Please list any subject areas of interest _____

Please briefly explain why you would like to join Bridgend Youth Council _____

Are there any days you will be unavailable to meet _____

Signed _____

Date _____

Please send completed form to sarah.keefe@bridgend.gov.uk