Y-Squad Jr. Application

Teacher Mentor: _____

School: _____

Grade: _____ Contact Email: _____

Contact Phone #:_____

Student Participants: 1. _____

2._____

3. _____

4. _____

5. _____

Please provide a brief description of why you and/or your group is interested in participating in the Y-Squad program. Are there any specific topics you are interested in local government that you hope are covered in this program?

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Please email completed Application form to youth@mdgreenview.ab.ca no later than October 30, 2018. Any Information that the M.D of Greenview may collect on this form is in compliance with Section 33 of the *Freedom of Information and Protection of Privacy Act*. The information collected is required for the purpose of carrying out the Y-Squad Program. If you have any questions about the information collected please contact the FOIP Coordinator at (780)524-7600.