

List a reference that we may contact.

Name: _____

Telephone: _____

Relationship: _____

Parent or Guardian Consent:

I approve my son/daughter to participate in the Town of St. Paul Youth Council

First and Last Name (Print)

Signature

Please complete your application and return to your School Representative, email to lsmid@town.stpaul.ab.ca or drop off at FCSS.

For further details, please contact Nathan Taylor at ntaylor@town.stpaul.ab.ca



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