For students in Grades 6-12



Fun Leadership Opportunity

SCCT YOUTH ADVISORY BOARD APPLICATION Term: Fall 2023—Summer 2024

Date:		
First & Last Name:		Age:
Home Address :		
Your Cell Phone:		Your Email:
School Fall 2023:		Grade Fall 2023:
Parent Name:		Parent: email:
Parent Cell Phone:		
Please explain why you	u'd like to be a memb	per of the Youth Advisory Board (YAB):
How have you been in	volved with San Carlo	os Children's Theater? (classes, crew, show actor, other).
What skills or personal	goals do you hope to	o work on while serving on the YAB?
Please list one idea or	activity the YAB migh	nt accomplish to help our theater.
•	-	in working on while serving on the YAB.
Fundraising Special Events	Photography Parades	
Scripts	Website	
Social Media	Videography	Other
PLEDGE OF COMMITM I understand that all S month on YAB activitie	CCT Youth Advisory E	Board members are expected to work at least 3 hours per ry attendance of the monthly YAB meeting.
Applicant's Signature _		Date
Parent/Guardian Signa	ture	Date
Mail a	pplications to: Eve	e Dutton, 100 Glasgow Lane, San Carlos, CA

Or email to: eve@sancarloschildrenstheater.com