Applicant Information

First Name                                       Last Name

Address:

City                  Zip Code

Teen’s Phone Number:        Teen’s Email:
Parent Contact Number:            Parent’s Email:

Age:         Grade:     Birth Date (mm/dd/yyyy):

School:

Other activities you are involved in: (school, community, jobs, sports, etc.)

How did you learn about the YAM Teens?

I am interested in the Teen Ambassador program because...
Parental Consent

Yes, I give my permission for (Teen’s full name):
to participate as a Teen Ambassador for the Yellowstone Art Museum.

The Yellowstone Art Museum respectfully requests permission to use a photograph and/or video taken of your child participating in a Yellowstone Art Museum activity. All photo and video materials will be used exclusively to promote Yellowstone Art Museum programs and will remain the property of the museum.

I hereby give my permission for my child’s image, either photographed or videotaped, to be used by the Yellowstone Art Museum.

Yes          No

Parent’s Signature:                                                         Date:

Return to:   Jennifer Parry
Education Program Coordinator
401 North 27th Street
Billings, MT 59101
artsuitcase@artmuseum.org
406-256-6804 x232

Visit our YAM Teens Facebook page for updates and details!
www.facebook.com/YAMTeens

* Parents, please make sure Teens have proper drop-off and pick-up transportation. Sometimes we finish early or late. *