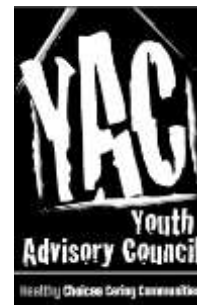




Healthy Choices Caring Communities



606 S. Shoop Avenue, Wauseon OH 43567
Phone 419-337-0915 Fax 419-337-0561
www.HC3Partnership.org HC3Partnership@gmail.com

YAC Commitment Form

Please check the appropriate box indicating your agreement

_____ I will be **unable** to participate in YAC in the 2019-20 school year.

_____ I am committed to participating in YAC in the 2019-20 school year.

_____ I understand the expectation is that I attend 50 % of the scheduled meetings **and** activities (Orientation, Milkshake Stand, Youth Event at the FC Fair, Executive Board Retreat (officers only), YAC Retreat)

_____ I will contact the YAC staff to notify them if I am unable to attend the meeting and/or activities

Printed Name: _____

Signed Name: _____

Please return this form by May 2nd to :
Youth Advisory Council
Healthy Choices Caring Communities
606 S. Shoop Ave
Wauseon, OH 43567

If we do not receive your commitment form by the above date, we will assume you are not planning to participate in YAC for the upcoming year.

Questions or concerns? Please contact Karen Pennington or Robin Willson at the contact info at the top of this form.