

**Governor Phil Bryant Healthy Teens
for a Better Mississippi
Youth Advisory Council
(please print or type) (AGES 14-19)**

NAME _____

GENDER _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ DISTRICT _____ GRADE _____

PHONE (____) _____

CELL (____) _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN CONSENT:

PHONE: (HM) (____) _____ (CELL) (____) _____

(WK) (____) _____

(FAX) (____) _____

NAME OF SCHOOL _____

PRINCIPAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ FAX: (____) _____

PLEASE RETURN COMPLETED FORM TO:

Nycole Campbell Lewis, State Coordinator

P. O. Box 139 JACKSON, MS 39205

Phone: (601) 359-3150 nycole.campbell-lewis@governor.ms.gov