



COLT

Redmond
Public
Library

Council
Of
Library
Teens

NAME _____

PHONE _____

EMAIL _____

GRADE _____

AGE _____

SCHOOL _____

Name of Parent/Guardian _____

Emergency Contact _____

Relationship _____

Why do you want to be a COLT member?

What could you add to COLT? Any special interests?

What is your Favorite
Author's Name?

Why is he/she great?

ARE YOU ABLE TO
COME TO OUR
MEETINGS ONCE A
MONTH ON THE
FIRST WEDNESDAY?

Thank You for your
interest in the Red-
mond Council of
Library Teens!