

Teens for Haddon

Application

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

Age: _____ **Grade:** _____

High School: _____

Special Talents/Skills: _____

Favorite Charities: _____

Extra-Curricular Activities: _____

Please return completed application by 1/15/10 to the
Township of Haddon Municipal Building
135 Haddon Ave. Haddon Twp., NJ 08108
Attn: Kate Burns