



CERES YOUTH COMMISSION

Membership Application

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Parent or Guardian Contact: _____

Email Address: _____

School: _____ Grade: _____

Hobbies or interests: _____

Reason for wanting to be involved in the CYC: _____

What community issues, youth programs or special events
would you like to see the CYC tackle? _____

How did you hear about the CYC? _____

Please complete form and return to:
Ceres Parks, Recreation & Facilities Department
Attn: Cambria Pollinger
2720 Second St, Ceres, Ca 95307
For more information, please call 538-5782
or email cpollinger@ci.ceres.ca.us