

Youth Advisory Board Permission Slip

Parent/Guardian Name _____

Participant Name _____

I give permission for my child to attend and participate in the Youth Advisory Board at Flyleaf Books which includes: Attending monthly meetings, reading young adult advanced reader copies, writing public recommends (which may appear to publishers and on the Flyleaf website with first names attached), and potentially volunteering at author events.

I am aware that Flyleaf employees will not be monitoring what my child will be reading within the guidelines of young adult fiction.

Participant Contact Information:

Phone Number _____ Email _____

Any allergies or relevant health information:

Emergency Contacts:

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent Signature _____ Date _____

For any questions contact us at YAB@flyleafbooks.com