

CO-OPTION OF YOUTH PARISH COUNCILLORS

for the

CASTLE BROMWICH YOUTH PARISH COUNCIL

Date of Co-Option:

I, the undersigned, being resident or educated in the Civil Parish of Castle Bromwich, do hereby seek co-option to the said Youth Parish Council.

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM (except where signature indicated).

Candidates Surname	First names in full	Date of Birth	Usual address

Signature of the candidate:

COUNTERSIGNATURE:

Under 16 years of age as of 30th October this year, this form to be signed by a Parent or Guardian.

Over 16 years of age as of 30th October this year, this form to be signed by a registered Elector for the Parish.

Surname of Parent, Guardian or Elector	First names in full	Usual Address	Signature

This form to be returned to Castle Bromwich Parish Council, Council Offices, Arden Hall, Water Orton Road, Castle Bromwich, Solihull, West Midlands. B36 9PB.