



# SOUTH DAKOTA TEEN CHOICE BOOK AWARDS

## **South Dakota Young Adult Reading Program (YARP) Teen Reads Committee Membership Application**

\*Name:

\*School/ Library Name:

Library Address, City:

Telephone (Work):

Home Address, City:

Telephone (Home):

\*Email Address:

SDLA Member:      Yes      No

\*Why are you interested in serving on this committee?

I agree to be an active member of the South Dakota Young Adult Reading Program (YARP) Teen Reads Committee. I will contribute to the process of nominating and selecting books and make every effort to attend both annual meetings.

Members need to read and review a minimum of 7 titles to remain on the committee. If minimum is not met, the member is removed from committee and will need to reapply if interested.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_