



**2018 TEEN BLUE ROUTE MALL APPLICATION**

**Applicants must complete the application on their own. Please print neatly.**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_

Parents email address: \_\_\_\_\_ Parents cell: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Where did you hear about Teen Blue Route Mall?: \_\_\_\_\_

\_\_\_\_\_

Extra-curricular activities (in and out of school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature  
Teen Blue Route Mall applicant

\_\_\_\_\_  
Name  
Teen Blue Route Mall applicant

\_\_\_\_\_  
Signature  
Applicant parent or guardian (as per above)

\_\_\_\_\_  
Name  
Applicant parent or guardian (as per above)

Scan & email the document to [bronwynr@redefine.co.za](mailto:bronwynr@redefine.co.za)