

# tweenstyle

Patrick Henry Mall Management Office • 12300 Jefferson Avenue • Suite #777 • Newport News, VA 23602

TweenStyle is a volunteer organization for girls and boys (ages 10-13) that contributes its time to the community, local charities, mall events, and modeling in Patrick Henry Mall's fashion shows. TweenStyle holds classes once a month with free seminars on topics such as health, beauty, fitness, fashion and etiquette. Members serve for one school year (August-May).

Please fill out all of the information below and mail the application  
(Postmarked no later than 6-15-08) to:  
*TweenStyle, Patrick Henry Mall Management Office,*  
*12300 Jefferson Avenue, Suite #777, Newport News, VA 23602.*  
Or drop it off at the Customer Service Center.

All applications will be reviewed. Qualified applicants will be notified via phone sometime in August for interviews.

**Please print clearly and completely.**

Full Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Level of Education Completed (grade): \_\_\_\_\_ School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about TweenStyle? \_\_\_\_\_

Why do you want to be on the TweenStyle board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Name(s)/ Emergency Contact Names: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

Work/Emergency Phone: \_\_\_\_\_

(over please)

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Community Service Involvement: \_\_\_\_\_

Favorite Charity/Cause (Please tell us why): \_\_\_\_\_

Special Talents/Skills: \_\_\_\_\_

Favorite School Subject: \_\_\_\_\_

List your favorite four Patrick Henry Mall stores (Not including department stores):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

What two stores would you like to see at Patrick Henry Mall?

1. \_\_\_\_\_ 2. \_\_\_\_\_

Name of your Local/Community Newspaper(s) – (Info needed for media releases):

\_\_\_\_\_

*I certify that my answers are true and accurate.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Contact Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

*Please call the Marketing Department at 757-249-4305 for more information.*

  
PATRICK HENRY MALL