

# County Delegate's Registration & Reporting Form

Please use this form to register your **TWO** best county delegates for Electric Congress. These delegates should be selected from your county Electric Record Book participants. Delegates must complete the following information prior to the **April 15th** deadline so that it can be sent with up to date medical and photo release forms. Please print or type your information on these forms.

## DELEGATE ONE

County \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ (Minimum Age 11)

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Years in the Electric Project: \_\_\_\_\_ Previously attended Electric Congress: No \_\_\_\_ Yes \_\_\_\_

Number of years attended as a County Delegate: \_\_\_\_\_

Please list any special needs that may need to be addressed at Electric Congress:

Room accommodations (Please be specific, i.e. Handicap access, etc.)

Special diet:

Medication:

### On the back of this page, answer the following questions:

1. What Electric Project activities did you complete during the past year (electric kit, curriculum books, renewable energy projects, home electric projects, etc.)?
2. List three things that you learned.
3. List three things that you accomplished doing these activities.

Parent(s): \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

County Delegate Signature: \_\_\_\_\_

## DELEGATE TWO

Name \_\_\_\_\_ Age \_\_\_\_\_ (Minimum Age 11)

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Years in the Electric Project: \_\_\_\_\_ Previously attended Electric Congress: No \_\_\_\_\_ Yes \_\_\_\_\_

Number of years attended as a County Delegate: \_\_\_\_\_

Please list any special needs that may need to be addressed at Electric Congress:

Room accommodations (Please be specific, i.e. Handicap access, etc.)

Special diet:

Medication:

### **On the back of this page, answer the following questions:**

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2. List three things that you learned.
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Parent(s): \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

County Delegate Signature: \_\_\_\_\_