

Electric Portfolio Delegate Registration Form

Please use this form to register your Electric Portfolio delegate(s). All portfolio winners 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.

Electric Portfolio Delegate _____ **Electric Portfolio AT-LARGE Delegate _____

County _____

Name _____ Age _____ (Minimum Age 11)

Male _____ Female _____

Address _____ City _____ Zip Code _____

Phone (_____) _____

Parent(s): _____

Emergency contact name and number: _____

Years in the Electric Project: _____ Previously attended Electric Congress: No _____ Yes _____

Number of years attended as a Portfolio delegate: _____

Previous territory winner: Yes _____ No _____

Territory prize(s) received and in what year(s)?

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:

Agent's name: _____

Leader's name: _____

Electric Portfolio Winner signature: _____

**** ONLY 10 Electric Portfolio AT-LARGE Delegates Statewide**