



Itasca-Mantrap Youth Tour Application Form

Please submit completed application form to: Itasca-Mantrap Cooperative
Attn: Youth Tour, P.O. Box 192; Park Rapids, MN 56470.

**This contest is available only to high school sophomores and juniors who live in the Itasca-Mantrap service area.
Application deadline: March 16, 2018.**

Last name _____ First name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Grade in School _____

Date of Birth _____ Phone Number (_____) _____

School _____ School Address _____

Favorite school subject(s) _____ Career goal _____

Newspaper(s)/ news apps you read _____

Please answer the following:

(If more space is needed, attach on a separate page)

1. List any involvement in activities with school, community and/or other organizations. Include years of participation, and 'yes' to the activities you are currently involved.

<u>Activity</u>	<u>Year(s) Involved</u>	<u>Currently Involved</u>
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2. List any achievements or awards received and the years they were received.

<u>Achievement/Award</u>	<u>Year(s) Received</u>
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3. Briefly explain, in your own words, why cooperatives were created.

4. Briefly explain how you think your life would be different without electricity.

5. What are some things that you currently do or would like to do to be more energy efficient?

Parent or Guardian Permission Form

I/We hereby give _____ permission to submit his/her name as a candidate for selection to the Washington Youth Tour; if selected, I give him/her permission to travel as required. I/We also give permission to allow him/her to attend and participate in the Itasca-Mantrap Annual Meeting.

Signature _____ Date _____

Signature _____ Date _____

Print Parent/Guardian Name(s) _____

Applicant Consent Form

I hereby understand that if I am chosen as the representative for the Itasca-Mantrap Youth Tour, I agree to be present and speak at an Itasca-Mantrap board meeting and the Itasca-Mantrap Annual Meeting after participating in the Youth Tour.

Signature _____ Date _____

LIABILITY RELEASE FOR USE OF PHOTOGRAPH AND/OR NAME

Please complete and return this form to:

Itasca-Mantrap Cooperative, Attn: Youth Tour, PO Box 192, Park Rapids MN 56470

I, the undersigned, am the legal guardian of (please print), a minor child. With my signature, I grant my permission to Itasca-Mantrap Co-op. Electrical Ass'n. to reproduce the above named child's name and a photograph and visual image of the above named child for use in its public relations and marketing material, including, but not limited to paper reproductions and computer images displayed on the Itasca-Mantrap Co-op. Electrical Ass'n. web site and newsletter, and in the media.

I acknowledge and agree that neither I nor the child will not now, or at any time in the future, receive any compensation or have any claim against Itasca-Mantrap Co-op. Electrical Ass'n. for the use of the name or reproduction of the child's picture or visual image in its public relations and marketing material.

Signature of Parent/Guardian

Date

(Please Print) Name of Parent/Guardian

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