

**RETURN ASAP PAGES ARE SCHEDULED IN ORDER OF RECEIPT** Date Received: \_\_\_\_\_  
(for office use only)

**MONTANA HOUSE OF REPRESENTATIVES**  
**Designation of Page - 65<sup>th</sup> Session**  
**(Print Clearly)**

1. Name \_\_\_\_\_ M or F (circle)  
Last First Middle Initial
2. Social Security # **(REQUIRED)** \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address City Zip
4. Telephone #s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Your Cell Parents' Work Parents' Cell
5. Parents' Names: \_\_\_\_\_
6. Name of School: \_\_\_\_\_ Grade: Jr. or Sr. (circle)  
**(A letter and/or transcript from your high school verifying grade placement must accompany application in order to be considered)**
7. School/Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Prefer to serve week beginning: \_\_\_\_\_ / \_\_\_\_\_  
1<sup>st</sup> choice 2<sup>nd</sup> choice
9. Have you ever served as a Page? \_\_\_\_\_ If Yes – Where – House or Senate (circle)
10. Name of Representative: \_\_\_\_\_
11. **Signature of Representative:** \_\_\_\_\_ **District #** \_\_\_\_\_  
**REQUIRED**

To determine service week please be sure to check local school calendars for conflicts (e.g., meets, tournaments, finals, etc.) Page Designees will be notified at least two weeks in advance of service dates, if possible. Once a Page is scheduled, we cannot guarantee changes.

**Please return to:**  
Montana House of Representatives  
Capitol Building  
PO Box 200400  
Helena, MT 59620-0400  
Questions: (406)444-4213  
teverett@mt.gov