



Office Use: Received date: _____

Montana House of Representatives

Designation of Page/Page Application

Page Applicant Information - Please print clearly

NAME _____

ADDRESS _____

PAGE CELL _____ PAGE EMAIL _____

GUARDIAN NAMES _____

PHONE NUMBERS _____
HOME GUARDIAN CELL GUARDIAN CELL

Dates & Details

PREFERRED WEEK TO SERVE _____
(1ST CHOICE) (2ND CHOICE)

PRIOR PAGE EXPERIENCE
(CHAMBER AND YEAR) _____

NAME OF
REPRESENTATIVE _____

SIGNATURE OF
REPRESENTATIVE _____ DISTRICT# _____

*Note: In determining service week, be sure to check local school calendars for conflicts (tournaments, finals, other).
Page selectees will be notified at least 2 weeks in advance of service dates.*

Education, Activities & Interests

NAME OF SCHOOL _____ GRADE: JR or SR

ACTIVITIES & INTERESTS _____

PLEASE RETURN TO:
MONTANA HOUSE OF REPRESENTATIVES
PO BOX 200400
HELENA, MT 59620
OR EMAIL: BRAD MURFITT -- BRAD.MURFITT@LEGMT.GOV