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

MONTANA HOUSE OF REPRESENTATIVES
Designation of Page
(Print Clearly)

1. Name: _____ M or F (circle)
   Last First Middle Initial
2. Email:_____ Age: _____
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: _____/_____
   1st choice 2nd 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 # _____

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)444-4819
lvroegindewey@mt.gov