



Montana State Senate

Designation of Page

PERSONAL INFORMATION—Please print clearly

Name: _____ M or F (circle)			
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Social Security Number: _____		Date of Birth: _____	
<i>Required</i>			
Address: _____			
<i>Street</i>	<i>City</i>	<i>Zip</i>	
Telephone #s: _____			
<i>Home</i>	<i>Your Cell</i>	<i>Parents' Work</i>	<i>Parents' Cell</i>
Parent/Guardian Names: _____			

EDUCATION & COMMUNITY ACTIVITIES

Name of School: _____	Grade: JR or SR
School and Community Activities: _____	

Preference of week to serve: _____
1st Choice *2nd Choice*

Prior page experience: (Chamber and year) _____

Name of Senate Sponsor: _____

Signature of Senate Sponsor: _____ **District** _____

NOTE: In determining service week, be sure to check local school calendars for conflicts (tournaments, finals, etc). Page selectees will be notified at least 2 weeks in advance of service dates, if possible. Once a Page is scheduled, we cannot guarantee changes.

Return completed form to:

Sergeant At Arms, Montana Senate, Capitol Building, PO Box 200500, Helena, MT 59620-0500

Office Use Only. Date Received: _____