

## YOUTH OFFICER CONTEST APPLICATION FORM

NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

GRANGE: \_\_\_\_\_

Send to Youth Director **by** January 15th!

OFFICE THAT YOU WILL BE RUNNING FOR:

MASTER \_\_\_\_\_ STEWARD \_\_\_\_\_ ASSISTANT STEWARD \_\_\_\_\_

LADY ASSISTANT \_\_\_\_\_ CERES \_\_\_\_\_

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