

YOUTH LEADERSHIP CONGRESS APPLICATION
Eau Claire Energy Cooperative
PO BOX 368
Fall Creek, WI 54742

APPLICANT FIRST NAME _____ MIDDLE INITIAL _____

APPLICANT LAST NAME _____ PHONE # _____

SCHOOL _____ YEAR IN SCHOOL (FOR 2007-08) _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS (optional) _____

PARENT/GUARDIAN NAME(S) _____