

# 2019 Washington Youth Tour Electric Cooperatives of Arkansas

## Personal Data Form

**Sponsoring Electric Cooperative:**

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**Name:** \_\_\_\_\_  
                    first name                      middle name                      last name

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Preferred name for nametag:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Cell phone/student:** \_\_\_\_\_

**U.S. Citizen:** (circle one) Yes No (If no, what is country of origin): \_\_\_\_\_

**Gender:** (circle one) Male Female

**Parent(s) Guardians**

**Name(s):** \_\_\_\_\_

**Phone number (s) for father or guardian:** \_\_\_\_\_

**Phone number (s) for mother or guardian:** \_\_\_\_\_

**T-shirt size:** (circle one) Small, Medium, Large, Xlarge, XXlarge, XXXLarge

(More)

**School activities, honors, awards, offices held, etc.**

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**List any public speaking experience:**

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**Hobbies, special interests:**

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**What is your career goal:**

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**Photos:** We need a portrait photograph of you for our delegate directory. It can be a hard copy or a digital photograph. (digitals are preferred).

(Please check one)

\_\_\_\_\_ Included a hard copy of my photo with completed forms.

\_\_\_\_\_ Emailed a digital photo of me (jpeg preferred) to [stacy.rinehart@aecc.com](mailto:stacy.rinehart@aecc.com)

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**Identification:** We also need a photocopy/scan of your driver's license or official state identification. This can be a hard copy or emailed.

(Please check)

\_\_\_\_\_ Included a photocopy of driver's license or other official ID with completed forms.

\_\_\_\_\_ Emailed copy of scanned driver's license or official state ID to [stacy.rinehart@aecc.com](mailto:stacy.rinehart@aecc.com)

**Medical Insurance card** (only if you have medical insurance): We need a photocopy of your medical insurance card or a scanned copy can be emailed.

(Please check)

\_\_\_\_\_ Included photocopy of medical insurance card with completed forms.

\_\_\_\_\_ Emailed scanned copy to [stacy.rinehart@aecc.com](mailto:stacy.rinehart@aecc.com)

Signature of Student: \_\_\_\_\_

Please complete and return this form and others by **Friday, April 20, 2018** to:

**Stacy Rinehart**  
**Arkansas Youth Tour Assistant**  
**Arkansas Electric Cooperative Corporation**  
**P.O. Box 194208**  
**Little Rock, AR 72219-4208**

**501-570-2294**  
**[stacy.rinehart@aecc.com](mailto:stacy.rinehart@aecc.com)**