

**PAGE APPLICATION**  
 (Student must be 12 to 14 years old.)  
**FLORIDA HOUSE OF REPRESENTATIVES**  
**2010 LEGISLATIVE SESSION**



**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signatures

Choose the first three weeks you would like to serve with 1 being your first choice.

- |                  |        |
|------------------|--------|
| March 1—5        | FULL__ |
| March 8—12       | N/A__  |
| March 15—19      | FULL__ |
| March 22—26      | FULL__ |
| March 29—April 2 | _____  |
| April 5—9        | FULL__ |
| April 12—16      | FULL__ |
| April 19—23      | FULL__ |
| April 26—30      | FULL__ |

By signing this application, you are giving permission for the above named student to participate in the Page or Messenger Program during one of the weeks they have selected.

Parent/Guardian (sign) \_\_\_\_\_  
 (print) \_\_\_\_\_ Date \_\_\_\_\_

School Principal (sign) \_\_\_\_\_  
 (print) \_\_\_\_\_ Date \_\_\_\_\_

*Without a member's signature, your name will be placed on the alternate list.*

Representative (sign) \_\_\_\_\_  
 District # \_\_\_\_\_ Date: \_\_\_\_\_

SEND COMPLETED APPLICATION TO:  
 The Florida House of Representatives  
 Attn. Marie Shortz, Page & Messenger Program  
 1201 The Capitol, 402 S. Monroe Street  
 Tallahassee, FL 32399-1300  
 Phone: (850) 487-2390 Fax: (850) 488-4732  
 pageandmessenger@myfloridahouse.gov

**FOR OFFICE USE ONLY**

**RECEIVED:**

ASSIGNED WEEK: \_\_\_\_\_

NOTIFICATION DATE: \_\_\_\_\_

BY LETTER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_