

Minnesota MILE Leadership Seminar Nomination Form

Please complete this form and mail or fax a copy to the following. Make sure to retain a copy for your records!!

Minnesota MILE
P.O. Box 844
Lakeville, MN 55044-0844

Fax: (800) 891-6643
Tel: (800) 891-6643

High School Information

High School: _____
(please print)

Address: _____

City and Zip code: _____

High School Contact Person: _____
(please print)

E-Mail: _____

Telephone number: _____

Fax number: _____

Principal Name: _____
(please print)

Student Information *(please print clearly)*

Male _____
 Female *First Middle Last*

Preferred name: _____

Mailing Address: _____

City: _____ State: _____

Zip/Postal: _____ Home Phone: () _____

Date of birth: ____/____/____

E-Mail: _____

Parent or Guardian Information

Does the student live with this person

Mother's Name: _____

Phone: (H) () _____ (B) () _____

E-Mail: _____

Employer: _____

Does the student live with this person

Father's Name: _____

Phone: (H) () _____ (B) () _____

E-Mail: _____

Employer: _____

Alternate Student Information

(Please choose an alternate in the event that the originally selected student is unable to attend.)

Male _____
 Female *First Last*

Mailing Address: _____

City: _____ State: _____

Zip/Postal: _____ Home Phone: () _____

- Submit your school's selection by **February 22nd, 2010** to guarantee your school's invitation.
- Only one sophomore per school may be recommended.
- **Student must be able to attend seminar for entire weekend.**