

# 4-H Electric Congress Adult Delegation Registration Form

**AGENT** \_\_\_\_\_ **PROGRAM ASSISTANT** \_\_\_\_\_

Territory: Progress Energy\_\_\_ Duke Energy\_\_\_ DNC Power\_\_\_ County\_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_

Previously attended Electric Congress: No\_\_ Yes\_\_\_\_\_

Please list any special needs that may need to be addressed at Congress:

Room accommodations (Please be specific, i.e. Handicap access, etc)

Special diet:

Medication:

**VOLUNTEER LEADERS (TWO MAXIMUM PER COUNTY)**

## **Volunteer One**

Territory: Progress Energy\_\_\_ Duke Energy\_\_\_ DNC Power\_\_\_ County\_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_

Previously attended Electric Congress: No\_\_ Yes\_\_\_\_\_

Please list any special needs that may need to be addressed at Congress:

Room accommodations (Please be specific, i.e. Handicap access, etc)

Special diet:

Medication:

## Volunteer Two

Territory: Progress Energy\_\_\_ Duke Energy\_\_\_ DNC Power\_\_\_ County\_\_\_\_\_

Name:\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Zip Code\_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_

Previously attended Electric Congress: No\_\_ Yes\_\_

Please list any special needs that may need to be addressed at Congress:

Room accommodations ( Please be specific, i.e. Handicap access, etc)

Special diet:

Medication: