

Today's Date:	
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2020 SENATE PAGE APPLICATION

Student Name:		Age:(Ages from: 12-18 years of age)	
Parent/Guardian:			
Home Address:			
County:	City:	Zip:	
School:			
Address:			
City:	Zip:		
Principal:	Phone:		
Note: No student is guarante parents if, and when a date is	eed a spot by virtue of completing the	nis form. We will contact the school and/or	
To submit your application,	please return by email to: page.prog	gram@wvsenate.gov.	
	n for your senator and district, plants://www.wvlegislature.gov/Sen	2 0	
	Senator		
	District:		
TO MAIL:	Office of the Senate Classification of the Se	, East M x	
OFFICE USE ONLY:	,		
Approved Page Date Attend	ing:	Approved:	