

CANDIDATE SIGNATURE: _____ DATE: _____

APPROVAL: I have read and understand the information regarding this office and hereby give my unconditional consent to the above-named individual to become a candidate for this position.

PARENT/GUARDIAN: _____ DATE: _____

ENDORSEMENT OF CLUB: _____ DATE: _____

FACULTY ADVISOR: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

Please provide this completed form to Kenyon Black District Administrator by email, administrator@tokeyclub.com by March 8, 2019.