

AWSC KAOS YOUTH REPRESENTATIVE APPLICATION FORM

The purpose of the Association of Wisconsin Snowmobile Clubs (AWSC) Youth Program, Kids and Adults on Snowmobiles (KAOS), is to give the youth an in-depth understanding of how the total snowmobile program is organized, starting from the local clubs, to the county organizations and up to the state program. We need to train our young members to take over leadership roles in order to keep the AWSC strong. KAOS is a club where you will learn to be leaders, make friends, achieve goals, attend events and do fun activities.

As an AWSC youth representative, you will be attending AWSC Fall Workshop, KAOS Fall Leadership Weekend, AWSC Winter Directors Meeting (optional), KAOS Leadership Training Ride, AWSC Spring Convention, and AWSC Summer Directors Meeting (optional). You will also attend your represented county's alliance meetings and functions. While at these functions, you will learn valuable leadership skills and knowledge of the AWSC, all while having fun and making life long connections with snowmobilers across the State of Wisconsin.

Age Requirement: 14 to 18 (Prior to July)
Must be a current member of the AWSC.

For more information, contact:
Jay Thompson – jaysthompson66@yahoo.com
Michelle Gates – mmgates@charter.net

APPLICANT INFORMATION

Name:			
County Representing:			
Birthday:		Age:	
Cell Phone #:	Can texts be sent to this phone?	Yes	No
Home address:			
City:	State:	ZIP Code:	
School Attending:		Year in School (in Fall):	
E-Mail Address:			
Snowmobile Club (s):			
AWSC Membership Number:		County:	
List any participation with current snowmobile club:			

PARENT INFORMATION

Parent Name(s):			
Email Address:			
Home Phone Number:		Cell Phone:	
Address:			
City:	State:	ZIP Code:	
Snowmobile Club (s):			
AWSC Membership Number:		County:	

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AWSC COUNTY DIRECTOR/ALLIANCE PRESIDENT APPROVAL

*This section to be filled out by County Director **OR** County Alliance President

This candidate has been elected or approved to represent our county as a KAOS Youth Representative. If I feel they are not performing the duties of a Youth Representative, I will contact either Jay Thompson (jaysthompson66@yahoo.com) or Michelle Gates (mmgates@charter.net).

County Director Name (Print):

Director Email:

Director Phone Number:

County Director Signature:

Date:

County Alliance President Name (Print):

Alliance President Email:

Alliance President Phone Number:

County Alliance President Signature:

Date:

SIGNATURE

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I verify that all the above information is true to the best of my knowledge. I understand the roles and responsibilities of a Youth Representative.

Signature of applicant:

Date:

Signature of Parent:

Date:

Signature of Parent:

Date: