



**State Officer Candidate Media Release Form
SkillsUSA Minnesota, Inc.**

Please complete the following for press release opportunities

Full Name _____		
Address _____		
City _____	State _____	ZIP _____
Home phone (____) _____	Email _____	
School Name _____	Advisor _____	
School Address _____		
City _____	State _____	ZIP _____
School phone (____) _____	Fax (____) _____	
Schools web address _____		

Name of local newspaper, radio and television stations

1. _____
2. _____
3. _____
4. _____

CTE training objective: _____ Type of program enrolled: _____

Year in school: _____ Completion date: _____

CTE Instructor's name: _____ email: _____

SkillsUSA Advisor's name: _____ email: _____

SkillsUSA honors (offices held, awards received, etc.)

Other honors (school, community, state and national)

(If needed, you may attach a sheet of paper to complete any of the above information.)

