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.)