

2nd ANNUAL NCAEC ELECTRICAL  
APPRENTICE CONTEST September 25, 2009

Application Form

Volunteer and Participant Liability Waiver: I, the undersigned, for myself and on behalf of my heirs and personal representatives, do agree to release and discharge the NCEAC from all claims whatsoever which could in any manner arise or grow out of my participation in any of the Apprentice Contests. I recognize the potential for injury to myself, to my personal property and to others and their property which may result from participating in any manner in the Apprentice Contests. I agree to assume all risks for injury to myself and my personal property and any liability to others caused by my actions while participating in any manner in these contests. Furthermore, I agree to use safe practices and tools when engaging in any activities associated with these contests

Please check one:  Regular Applicant  Alternate Applicant #1  Alternate Applicant #2

APPRENTICE APPLICATION INFORMATION (You must complete all blanks)

Apprentice Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street/RFD) (City)

\_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
(State and Zip Code) (County)

Are you in a merit shop apprenticeship program?  Yes  No If Yes, complete the following information:

Name of School: \_\_\_\_\_

City/Town: \_\_\_\_\_ Year: \_\_\_\_\_

CONTESTANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
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APPRENTICESHIP SPONSOR INFORMATION: (You must complete all blanks)

Sponsor/Participating Employer Name: \_\_\_\_\_

Sponsor/Participating Employer Address: \_\_\_\_\_  
(Street/RFD) (City)

\_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
(State and Zip Code) (County)

Sponsor/Participating Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration date of apprentice with approved program: \_\_\_\_\_  
(Month/Day/Year)

*The above signatures verify the accuracy of the qualification data. Any error in the data could result in disqualification of applicant.*

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Mail only this entry Form to:

NCAEC Apprenticeship Committee  
3707 Alliance Dr. Greensboro, NC 27407

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FOR APPRENTICESHIP COMMITTEE USE ONLY

Contest Committee Representative: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Denial Date: \_\_\_\_\_  
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