



# Create Your Own Cooperative Contest

## Contest Entry Form

*NAME OF SCHOOL*

---

*CLASS OR CHAPTER*

---

*INSTRUCTOR*

*PHONE*

---

*STREET ADDRESS, CITY, STATE, & ZIP*

---

*NAME OF COOPERATIVE*

---

*HOW MANY MEMBERS JOINED THE COOPERATIVE?*

---

*DATE COOPERATIVE ORGANIZED*

---

<b>LIST BOARD OF DIRECTORS &amp; GIVE OFFICERS</b>	<b>LIST MANAGER &amp; ANY OTHER EMPLOYEES</b>



# Discussion of the Cooperative Experience

In a one to two page, double spaced report, please provide the following information:

1. Describe the purpose of the cooperative.
2. How was the initial capital provided?
3. Financial information about the cooperative business:

*Total Receipts / Total Expenses / Total Profit or Loss*

4. How were the profits or losses distributed?
5. List some of the difficulties the group encountered in organizing a cooperative and how they were solved.
6. List some of the things the group learned from the experience of organizing a cooperative.
7. What are the future plans of the cooperative?
8. If selected as the first or second place state team, who is most likely to represent the cooperative at the Cooperative Youth Leadership Institute. Please briefly describe why this person has been selected to represent the cooperative.

**The above report is submitted:** \_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Secretary of the Board

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Treasurer of the Board

**Please include the following when mailing:**

- ◆ Completed contest entry form,
- ◆ Your cooperative's bylaws, and
- ◆ The written report

**Mail by January 12 to:**

Missouri Institute of Cooperatives  
125D Mumford Hall  
Columbia, MO 65211-6200

**If you have questions about this form contact:**

Kristi Livingston  
MIC Education Coordinator

Phone: 573-882-0140  
[livingstonk@missouri.edu](mailto:livingstonk@missouri.edu)