



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

LIST BOARD OF DIRECTORS & GIVE OFFICERS	LIST MANAGER & ANY OTHER EMPLOYEES



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 11 to:

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

If you have questions about this form contact:

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