

CHAPTER SERVICE PROJECT EVENT APPLICATION FORM

TEAM EVENT

Must be POSTMARKED by DEADLINE

PLEASE CHECK:

Late applications will be rejected – NO EXCEPTION

Junior ()
Senior ()
Occupational ()
Display ()
Manual ()

STUDENT PARTICIPANT (S) _____

NAME OF CHAPTER _____

SCHOOL _____

SCHOOL ADDRESS _____

Street

City

Zip

Phone #

Fax #

E-mail

LOCAL ADVISOR _____

ADVISOR HOME PHONE _____ Fax _____ E-mail _____

LOCAL ADVISOR _____

ADVISOR HOME PHONE _____ Fax _____ E-mail _____

Return to: State Advisor Fee enclosed: # participant(s) ___ x \$ 6.00 = \$ _____

IMPORTANT: Please check all items below that student(s) listed above will be involved in during the conference:

___ State Officer ___ State Officer Candidate ___ Hands-on Presenter

Request for: ___ Table ___ Outlet