

**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