

CHAPTER SHOWCASE EVENT APPLICATION FORM

TEAM EVENT

Must be POSTMARKED by DEADLINE

Late applications will be rejected – NO EXCEPTION

PLEASE CHECK:

- Junior ()
- Senior ()
- Occupational ()
- Display** ()
- Manual** ()

STUDENT PARTICIPANTS _____

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 _____

AWARD OF EXCELLENCE APPLICATION

If you meet all the requirements for the Award of Excellence as listed on pages 16-17 of the old handbook:

Check one: ____ YES – enter us in the award of excellence ____ No – do not enter us

No fee for entering Award of Excellence

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