

**APPLIED TECHNOLOGY EVENT APPLICATION FORM**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )

Senior ( )

Occupational ( )

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

**CAREER INVESTIGATION EVENT APPLICATION FORM**

**INDIVIDUAL EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior Comp. ( )

Senior Comp. ( )

STUDENT PARTICIPANT \_\_\_\_\_

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: \$ 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

**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

**CHAPTER SHOWCASE 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 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

**CULINARY ARTS EVENT APPLICATION FORM**

**FOOD SERVICE TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Sr. F. S. Occupational ( )

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 \_\_\_\_\_

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

**EARLY CHILHOOD EVENT APPLICATION FORM**

**INDIVIDUAL EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

E. C. E. Occupational ( )

STUDENT PARTICIPANT \_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

Street

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Return to: State Advisor      Fee enclosed: \$ 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

**ENTREPRENEURSHIP**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )  
Senior ( )  
Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

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E-mail

LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

LOCAL ADVISOR \_\_\_\_\_

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**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

**FINANCIAL PLANNING**

**INDIVIDUAL EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )

Senior ( )

Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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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

**FOCUS ON CHILDREN EVENT APPLICATION FORM**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )

Senior ( )

Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

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LOCAL ADVISOR \_\_\_\_\_

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**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

**FOODS AND NUTRITION EVENT APPLICATION FORM**

**FCCLA COMPREHENSIVE TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior Comp. ( )

Senior Comp. ( )

STUDENT PARTICIPANTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

LOCAL ADVISOR \_\_\_\_\_

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**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

**HOSPITALITY**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Sr. F. S. Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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

**ILLUSTRATED TALK EVENT APPLICATION FORM**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )

Senior ( )

Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

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SCHOOL ADDRESS \_\_\_\_\_

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

LOCAL ADVISOR \_\_\_\_\_

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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

**INTERPERSONAL COMMUNICATIONS EVENT APPLICATION FORM**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )

Senior ( )

Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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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

**JOB INTERVIEW EVENT APPLICATION FORM**

**INDIVIDUAL EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Senior ( )

Occupational ( )

STUDENT PARTICIPANT \_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

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Street

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LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

LOCAL ADVISOR \_\_\_\_\_

ADVISOR HOME PHONE \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Return to: State Advisor      Fee enclosed: \$ 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

**NATIONAL PROGRAMS IN ACTION EVENT APPLICATION FORM**

**INDIVIDUAL OR TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )  
Senior ( )  
Occupational ( )

STUDENT PARTICIPANT (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

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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

**PARENTHOOD AND FAMILY LIVING EVENT APPLICATION FORM**

**FCCLA COMPREHENSIVE TEAM EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior Comp. ( )

Senior Comp. ( )

STUDENT PARTICIPANTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

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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

**STATE DISPLAY EVENT APPLICATION FORM**

**TEAM OR INDIVIDUAL**

**NO PRESENTATION**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

**Late applications will be rejected – NO EXCEPTION**

Junior ( )  
Senior ( )  
Occupational ( )

STUDENT PARTICIPANT(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHAPTER \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

Street

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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 = \$ \_\_\_\_\_

**Request for:**                      \_\_\_ Table                                      \_\_\_ Outlet

**STORYTELLING EVENT APPLICATION FORM**

**INDIVIDUAL EVENT**

**Must be POSTMARKED by DEADLINE**

**PLEASE CHECK:**

Late applications will be rejected – NO EXCEPTION

E. C. E. Occupational ( )

STUDENT PARTICIPANT \_\_\_\_\_

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: \$ 5.00

**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

**Must be postmarked by deadline**  
**Late applications will be rejected**  
**No exceptions**

**Please check type of chapter category**  
 Comprehensive Jr. (6-9) \_\_\_\_\_  
 Comprehensive Sr. (10-12) \_\_\_\_\_  
 Occupational \_\_\_\_\_

**NH FCCLA PROFICIENCY EVENTS SUMMARY APPLICATION FORM**

Name of Chapter \_\_\_\_\_ no. affiliated members \_\_\_\_\_

Name of School \_\_\_\_\_ school phone \_\_\_\_\_

School address (street) \_\_\_\_\_ school fax \_\_\_\_\_

(city) \_\_\_\_\_ (zip) \_\_\_\_\_

Chapter advisor(s) \_\_\_\_\_ Home phone \_\_\_\_\_

<b>Event name</b>	<b>Max. entries per chapter</b>	<b># students</b>	<b>\$ fee</b>	<b>Total</b>
APPLIES TECHNOLOGY	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
AWARD OF EXCELLENCE	1 Jr. & 1 Sr. comp/occu.	_____	NO FEE	_____
CAREER INVESTIGATION	1 Jr. & 1 Sr. comprehensive	_____	X _____	_____
CHAPTER SERVICE Display	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
CHAPTER SERVICE - Manual	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
CHAPTER SHOWCASE-Display	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
CHAPTER SHOWCASE-Manual	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
EARLY CHILDHOOD	1 Child Care Occu.	_____	X _____	_____
ENTREPRENEURSHIP	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
FINANCIAL PLANNING	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
FOCUS ON CHILDREN	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
FOODS & NUTRITION	1 Jr. & 1 Sr. comp.	_____	X _____	_____
HOSPITALITY	1 Hospitality Occu.	_____	X _____	_____
ILLUSTRATED TALK	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
INTERPERSONAL COMMUN.	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
JOB INTERVIEW	1 Sr. comp. & 1 Occu.	_____	X _____	_____
NATIONAL PROGRAMS IN A.	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
PARENTHOOD & FAMILY L.	1 Jr. & 1 Sr. comp.	_____	X _____	_____
STATE DISPLAY	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
STORYTELLING	2 Child Care Occu.	_____	X _____	_____

**TOTAL CHAPTER PARTICIPANTS #** \_\_\_\_\_ **FEE \$** \_\_\_\_\_ **TOTAL DUE \$** \_\_\_\_\_

**IMPORTANT:** a) Each student may enter only one event.  
 b) If the participant is a State Officer, a State Candidate, Voting Delegate, or a hands-on Presenter, did you check that information on the application?

**MAKE CHECK TO:** NH FCCLA ASSOCIATION **MAIL TO:** STATE ADVISOR