

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

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