Must be postmarked by deadline
Late applications will be rejected
NO EXCEPTIONS

Please check type of chapter category
Comprehensive Jr. (5-9) _____
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 _____

Event name	Max. entries per chapter	# students	$ fee	Total
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 _____	_____
FOCUS ON CHILDREN	1 Jr., 1 Sr. comp. & 1 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 _____	_____
LIFE EVENT PLANNING	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
NATIONAL PROGRAMS IN A.	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
PROMOTE & PUBLICIZE FCCLA	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
RECYCLE AND REDESIGN	1 Jr. & 1 Sr. comprehensive	_____	X _____	_____
STATE DISPLAY	1 Jr., 1 Sr. comp. & 1 Occu.	_____	X _____	_____
TEACH AND TRAIN	1 Jr., 1 Sr. comp. & 1 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