

**PROMOTE AND PUBLICIZE FCCLA 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