NATIONAL FCCLA STAR EVENTS REGISTRATION

FOR STATE USE ONLY

EVALUATORS & ROOM CONSULTANTS

Please Check One:	Please Check One:
☐ Adviser	☐ Evaluator
☐ Student	☐ Room Consultant
☐ Other Adult	☐ Either

Volunteer Information:

Name _____
First Middle Last

Home Address:

Street Name _____ Apartment # or P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

School Information (if applicable):

School Name _____

City _____ State _____ Zip _____

Phone _____

Please rank from 1-5 the events in which you have the most experience or interest:

_____ Advocacy
_____ Applied Technology
_____ Career Investigation
_____ Chapter Service Project Display
_____ Chapter Service Project Manual
_____ Chapter Showcase Display
_____ Chapter Showcase Manual
_____ Culinary Arts
_____ Early Childhood
_____ Entrepreneurship
_____ Environmental Ambassador
_____ Fashion Construction
_____ Fashion Design
_____ Focus on Children
_____ Food Innovations
_____ Hospitality, Tourism, & Recreation
_____ Illustrated Talk
_____ Interior Design
_____ Interpersonal Communications
_____ Job Interview
_____ Leadership
_____ Life Event Planning
_____ National Programs In Action
_____ Nutrition and Wellness
_____ Parliamentary Procedure
_____ Promote and Publicize FCCLA!
_____ Recycle and Redesign
_____ Teach and Train

Additional Information/Comments (including potential conflicts during the conference):

_____

_____

_____

_____