

INSTRUCTIONS FOR COMPLETING ENTRY FORMS

1. The STAR Events entry forms in this document are to be used for both regional/district and state STAR Events.
2. Attach membership verification to EACH form. A copy of the official affiliation form verifying date that dues were paid to the state FCCLA office. **Participants must have paid regional, state and national dues, postmarked by December 20.** HIGHLIGHT the name of each participant on the membership roster.
3. TYPE the entry form to avoid misspelling of participant's names.
4. An event category is determined by the participant's current or previous enrollment in family and consumer sciences course work and grade level in school during the school year preceding the National Leadership Conference.

Event categories are defined as:

Junior – FCCLA chapter members through grade 9; and who are identified as comprehensive or occupational members on the affiliation form.

Senior – FCCLA chapter members in grades 10-12; and who are identified as comprehensive members on the affiliation form.

Occupational – FCCLA chapter members who have been or are currently enrolled in occupational family and consumer sciences related course work, grades 10-12, and are identified as occupational members on the affiliation form.

5. A team composed of both junior (through grade 9) comprehensive or occupational and senior (grades 10-12) comprehensive members must enter the senior category.
6. A team composed of both senior (grades 10-12) comprehensive and occupational (grades 10-12) members must enter the senior category.
7. A team composed of both junior (through grade 9) and occupational (grades 10-12) members must enter the senior category.
8. Any change in membership status must be reported by the December 20 deadline.
9. No project can be entered in more than one category of a single event, or in more than one event. However, projects entered in any event may be included in the Chapter Showcase event.
10. Complete the Chapter's Summary Sheet of Entries and include the appropriate STAR Events fees. As STAR Events fees may vary throughout the regions, the Chapter Summary Sheet of Entries will be sent from the regional/district STAR Events coordinator and is not included in this guide.
11. Return the entry forms for regional/district STAR Events by the deadline following the directions provided by the regional/district STAR Events coordinator.

For Chapter Website, Plan and Teach, STEM Integration, Subject to Debate and Toward New Horizons -

Return the entry forms, summary of entries and fees, and submit the completed projects online to the state advisor to be RECEIVED by February 1. THIS IS NOT A POSTMARK DEADLINE.

CHAPTER'S SUMMARY OF ENTRY FEES REGIONAL EVENTS

Send Check to: _____ DUE DATE: _____ Region: _____

Advisor's name _____ Home or cell phone (cancellation use only) _____

Advisor's e-mail address: _____

School Name _____ School Phone (_____) _____

COMPLETE THIS FORM BY FILLING IN THE NUMBER OF PARTICIPANTS IN EACH EVENT AND THE TOTAL FEES FOR EACH EVENT. AT THE BOTTOM, TOTAL FEES TO BE PAID.

- | | | | | | |
|---------------------------------------|-------|------|-------|------|-------|
| 1. Advocacy | _____ | x \$ | _____ | = \$ | _____ |
| 2. Applied Technology | _____ | x \$ | _____ | = \$ | _____ |
| 3. Career Investigation | _____ | x \$ | _____ | = \$ | _____ |
| 4. Chapter Service Project Display | _____ | x \$ | _____ | = \$ | _____ |
| 5. Chapter Service Project Manual | _____ | x \$ | _____ | = \$ | _____ |
| 6. Chapter Showcase Display | _____ | x \$ | _____ | = \$ | _____ |
| 7. Chapter Showcase Manual | _____ | x \$ | _____ | = \$ | _____ |
| 8. Culinary Arts | _____ | x \$ | _____ | = \$ | _____ |
| 9. Early Childhood | _____ | x \$ | _____ | = \$ | _____ |
| 10. Entrepreneurship | _____ | x \$ | _____ | = \$ | _____ |
| 11. Environmental Ambassador | _____ | x \$ | _____ | = \$ | _____ |
| 12. Fashion Construction | _____ | x \$ | _____ | = \$ | _____ |
| 13. Fashion Design | _____ | x \$ | _____ | = \$ | _____ |
| 14. FCCLA Knowledge | _____ | x \$ | _____ | = \$ | _____ |
| 15. Focus on Children | _____ | x \$ | _____ | = \$ | _____ |
| 16. Food Innovations | _____ | x \$ | _____ | = \$ | _____ |
| 17. Hospitality, Tourism & Recreation | _____ | x \$ | _____ | = \$ | _____ |
| 18. Illustrated Talk | _____ | x \$ | _____ | = \$ | _____ |
| 19. Impromptu Speaking | _____ | x \$ | _____ | = \$ | _____ |
| 20. Interior Design | _____ | x \$ | _____ | = \$ | _____ |
| 21. Interpersonal Communications | _____ | x \$ | _____ | = \$ | _____ |
| 22. Job Interview | _____ | x \$ | _____ | = \$ | _____ |
| 23. Leadership | _____ | x \$ | _____ | = \$ | _____ |
| 24. Life Event Planning | _____ | x \$ | _____ | = \$ | _____ |
| 25. National Programs in Action | _____ | x \$ | _____ | = \$ | _____ |
| 26. Nutrition and Wellness | _____ | x \$ | _____ | = \$ | _____ |
| 27. Parliamentary Procedure | _____ | x \$ | _____ | = \$ | _____ |
| 28. Promote and Publicize FCCLA! | _____ | x \$ | _____ | = \$ | _____ |
| 29. Recycle and Redesign | _____ | x \$ | _____ | = \$ | _____ |
| 30. Teach and Train | _____ | x \$ | _____ | = \$ | _____ |

TOTAL PARTICIPANTS _____ TOTAL FEES \$ _____

NOTE: I have reviewed the entry form and have enclosed a check for the amount of the entry fees. In addition, I understand that my chapter's entry form will not be processed if all of the requested information is not submitted with the payment.
ALL FEES ARE NON-REFUNDABLE.

Advisor's Signature

Participants will be notified by 7:00 a.m. on the date of the competition if it is necessary to reschedule the event because of inclement weather.

**CHAPTER'S SUMMARY OF ENTRY FEES
FOR ENTRIES IN CHAPTER WEBSITE, PLAN AND TEACH, STEM INTEGRATION,
SUBJECT TO DEBATE AND TOWARD NEW HORIZONS.**

Chapter Name: _____

Chapter ID #: _____

Advisor Name: _____

Advisor E-Mail Address: _____

Advisor School Phone #: _____

COMPLETE THIS FORM BY FILLING IN THE NUMBER OF PARTICIPANTS IN EACH EVENT AND THE TOTAL FEES FOR EACH EVENT. AT THE BOTTOM, TOTAL FEES TO BE PAID.

Chapter Website	_____	x \$10.00 = \$	_____
Plan and Teach	_____	x \$10.00 = \$	_____
STEM Integration	_____	x \$10.00 = \$	_____
Subject to Debate	_____	x \$10.00 = \$	_____
Toward New Horizons	_____	x \$10.00 = \$	_____
 TOTAL PARTICIPANTS	 _____	 TOTAL FEES	 \$ _____

NOTE: I have reviewed the entry form and have enclosed a check for the amount of the entry fees. In addition, I understand that my chapter's entry form will not be processed if all of the requested information is not submitted with the payment. **ALL FEES ARE NON-REFUNDABLE.**

Please note: Students competing in these events DO NOT pay any additional STAR Events fees for these events if they attend the State Leadership Conference. If they participate in other state/national STAR Events requiring in-person competitions, then they DO pay entry fees for those events.

Advisor's Signature

Mail this form, entry forms, participant authorization forms and check (made payable to Missouri FCCLA) for entry fees to:

Gayla Westergaard
Missouri FCCLA State Advisor
Missouri Department of Elementary & Secondary Education
PO Box 480
Jefferson City, MO 65102

**MUST BE RECEIVED BY FEBRUARY 1 TO BE ELIGIBLE – THIS IS A RECEIVED BY
DEADLINE, NOT A POSTMARK DEADLINE!**

ADVOCACY – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address: _____

A table and access to an electrical outlet will be provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR
NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

APPLIED TECHNOLOGY – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address: _____

A table and access to an electrical outlet will be provided.
Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR
NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

CAREER INVESTIGATION – ENTRY FORM

Junior

Senior

Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant Name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided.

I certify that the above participant has met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

CHAPTER SERVICE PROJECT (DISPLAY) – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address: _____

Type of Display: Freestanding Table top Check item if needed: Table Electrical Outlet

Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 1

CHAPTER SERVICE PROJECT (MANUAL) – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Title of Project _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address: _____

A table will be provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

CHAPTER SHOWCASE (DISPLAY) – ENTRY FORM

Junior
 Senior
 Occupational
 Chapter ID _____
 Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

Type of Display:
 Freestanding
 Table top
 Check item if needed:
 Table
 Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 1

CHAPTER SHOWCASE (MANUAL) – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

CHAPTER WEBSITE – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

URL Address of Chapter Website project _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM
AND THE FCCLA PARTICIPANT AUTHORIZATION FORM TO THE STATE FCCLA ADVISOR**

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 3

CULINARY ARTS – ENTRY FORM

Occupational Members ONLY

Chapter ID _____ **Region** _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

Check all that apply: Enrolled in occupational culinary arts/food service training program
 Enrolled in nationally recognized culinary arts/food service certification program

2. Participant's name: _____

Grade Level in School: _____

Check all that apply: Enrolled in occupational culinary arts/food service training program
 Enrolled in nationally recognized culinary arts/food service certification program

3. Participant's name: _____

Grade Level in School: _____

Check all that apply: Enrolled in occupational culinary arts/food service training program
 Enrolled in nationally recognized culinary arts/food service certification program

Advisor name _____

Advisor e-mail address: _____

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

EARLY CHILDHOOD – ENTRY FORM

Occupational Member Only

Chapter ID _____ **Region** _____

Check the appropriate age category the project addresses:

Ages 2-3 Ages 4-5 Ages 6-8

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant has met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

ENTREPRENEURSHIP – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

ENVIRONMENTAL AMBASSADOR – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant has met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

FASHION CONSTRUCTION – ENTRY FORM

Senior

Occupational

Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

Check if needed: Table Electrical Outlet

Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 1

FASHION DESIGN – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided. Check if needed Electrical Outlet

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

FCCLA KNOWLEDGE – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant has met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 3

FOCUS ON CHILDREN – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address: _____

Check one: Freestanding Table top

Check if needed: Table Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 1

FOOD INNOVATIONS – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

Please check if needed: Table Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 1

HOSPITALITY, TOURISM AND RECREATION – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and blank note cards are provided.

Check if needed: Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

ILLUSTRATED TALK – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
Extension cords and power strips are NOT provided.
Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

IMPROMPTU SPEAKING – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 3

INTERIOR DESIGN – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided. Wall space will not be available.

Please check if needed: Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

INTERPERSONAL COMMUNICATIONS – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chosen category: Community Employment Relationships Family Peer Groups School Groups

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table, blank note cards, and access to an electrical outlet are provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

JOB INTERVIEW – ENTRY FORM

Senior

Occupational

Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

Access to an electrical outlet will be provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

LEADERSHIP – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

LIFE EVENT PLANNING – ENTRY FORM

Junior
 Senior
 Occupational
 Chapter ID _____
 Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

NATIONAL PROGRAMS IN ACTION – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided. Check if needed: Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 2

NUTRITION AND WELLNESS – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

PARLIAMENTARY PROCEDURE – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

4. Participant’s name: _____

Grade Level in School: _____

5. Participant’s name: _____

Grade Level in School: _____

6. Participant’s name: _____

Grade Level in School: _____

7. Participant’s name: _____

Grade Level in School: _____

8. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participants have met all the event and eligibility requirements.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR
NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2**

PLAN AND TEACH – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

URL Address of Project _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant(s) has/have met all the event and eligibility requirements, and has been or is currently enrolled in an approved program or course preparing them for education and training careers and/or early childhood education. I understand that students participating in other cadet/teaching assistant or tutoring programs that are not part of an organized education and training careers program are NOT eligible to participate in this event.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM
 AND THE FCCLA PARTICIPANT AUTHORIZATION FORM TO THE STATE FCCLA ADVISOR**

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 3

PROMOTE AND PUBLICIZE FCCLA! – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table and access to an electrical outlet will be provided.
 Extension cords and power strips are NOT provided.
 Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR
NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

RECYCLE & REDESIGN – ENTRY FORM

Junior

Senior

Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

Check if needed: Table Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 1

STEM INTEGRATION – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

URL Address of Project _____

1. Participant’s name: _____

Grade Level in School: _____

2. Participant’s name: _____

Grade Level in School: _____

3. Participant’s name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant(s) has/have met all the event and eligibility requirements, and have been or are currently enrolled in an approved program or course preparing them for education and training careers and/or early childhood education. I understand that students participating in other cadet/teaching assistant or tutoring programs that are not part of an organized education and training careers program are NOT eligible to participate in this event.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM
 AND THE FCCLA PARTICIPANT AUTHORIZATION FORM TO THE STATE FCCLA ADVISOR**

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 3

SUBJECT TO DEBATE – ENTRY FORM

Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

URL Address of Project _____

1. Participant's name: _____

Grade Level in School: _____

2. Participant's name: _____

Grade Level in School: _____

3. Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

I certify that the above participant(s) has/have met all the event and eligibility requirements, and has been or is currently enrolled in an approved program or course preparing them for education and training careers and/or early childhood education. I understand that students participating in other cadet/teaching assistant or tutoring programs that are not part of an organized education and training careers program are NOT eligible to participate in this event.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM
 AND THE FCCLA PARTICIPANT AUTHORIZATION FORM TO THE STATE FCCLA ADVISOR**

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 3

TEACH AND TRAIN – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School: _____

Advisor name _____

Advisor e-mail address _____

A table will be provided. Check if needed: Electrical Outlet

Extension cords and power strips are NOT provided.

Internet connections are not provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Chapter Advisor Signature

SUBMIT THIS ENTRY FORM TO THE REGIONAL STAR EVENTS COORDINATOR

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY – 2

TOWARD NEW HORIZONS – ENTRY FORM

Junior Senior Occupational Chapter ID _____ Region _____

Chapter Name _____

School name: _____

Participant's name: _____

Grade Level in School _____

Advisor name _____

Advisor e-mail address _____

An easel will be provided.

I certify that the above participant(s) has/have met all the event and eligibility requirements.

Participation is open to any regional, state and nationally affiliated FCCLA chapter member (December 20 postmark deadline) who is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997.

Chapter Advisor Signature

**SUBMIT THIS ENTRY FORM
 AND THE FCCLA PARTICIPANT AUTHORIZATION FORM TO THE STATE FCCLA ADVISOR**

NUMBER OF ENTRIES PER CHAPTER, PER CATEGORY - 3