

**REGISTRATION FOR PARTICIPATION IN A COMPETITIVE EVENT
AT THE FBLA NATIONAL LEADERSHIP CONFERENCE**

Check One:

_____ **Network Design, 1st Place**

_____ **Network Design, 2nd Place**

Complete all the information requested below.

This form must be received by the PA FBLA Executive Director no later than April 22.

School Name _____

School Address _____

Adviser Name _____

School Phone/Fax (____) _____ (____) _____
Phone Area Code Fax Area Code

Adviser E-mail Address _____

Participants' Names (use a separate form for each participant if this is a team event)

1. _____
Name e-mail address (required)

The participants have reviewed and understand the event guidelines found in the National Chapter Management Handbook and meet all eligibility and membership requirements.

Signed _____
Adviser Date

Participant's Parent/Guardian's Name _____

Participant's Home Address _____
(Box No., Apt. No., Rural Route, Street)

(City) (ZIP Code)

Participant's Home Phone/Cell Phone (____) _____ (____) _____
(Home Phone) (Cell Phone)

Return form **received by April 22** to: Mr. Bruce E. Boncal
(make sure you can track it) PA FBLA Executive Director
P.O. Box 5085 (318 High Street—if overnighting)
Jersey Shore, PA 17740

Who is chaperoning the student(s) while at the NLC?

_____ **Adviser** _____ **Parent** _____ **Other**

Pennsylvania FBLA reimburses up to a team of three members.