

Part 2

2015 STATE FCCLA CONFERENCE REGISTRATION FORMS

1. Complete all sections of the form for it to be process. List all names—paying and non-paying participants (State Officers) Make a copy of this form. Keep one for yourself and send the original

Postmarked by Feb 20, 2015

FCCLA State Office , PO Box 131386
Roseville, MN 55113-0012

Only individuals whose names are sent to the state office will be officially registered.

2. Checks must accompany the form. Make checks payable to **MN FCCLA**. Registration includes entertainment, hotel space, programs, security, speakers, supplies, and delegate items.
3. Your hotel designation must show you are registered at a conference hotel to avoid a surcharge for unused room blocks. *(As part of our contracts to get the space, FCCLA has agreed to use hotel rooms or pay a fee for unrealized revenue that the hotel would not be receiving)*
4. Contact the state office prior to the conference with names of individuals with disabilities requiring special assistance.
5. Register one adult chaperone for every six students that attend
All chaperones must be registered for the conference.
6. Checks are to be made payable to **MN FCCLA**

Include in your Registration:

Form A-Conference Registration-page 2

Form B-Names for Registration-page 3

Form C- Celebration Supper Registration- Names-Page 4

Form D Names for Talent, Dance, Lipsync-page 5

Form E-Names for Chapter Leaders-Keep the Momentum Going Workshops-pg 6

Form F-Details for Talent, Showcase-page 7

Form G-Details for Lipsync Entry=page 8

Form H- Service Parade- Attach form to POSTER for data-Page 9

Form I-Parent Permit Form- Keep a copy of each, Submit copies-Page 10

Form J-Delegate Code of Conduct Agreement-Page 11

Form K-Silent Auction donation details-Page 12

Form L-Chapter website page reminder-Page 13

Form M-Evaluator form- Submit Sr High names-experienced in STAR Events-Pg 14

Send or communicate to the hotel: **Packet 3 Hotel information** (Copy sent to hotel and duplicate copy to MN FCCLA.)

2015 STATE FCCLA CONFERENCE REGISTRATION

Form A

Postmarked by February 20, 2015

FCCLA State Office, PO Box 131386, Roseville, MN 55113-0012

Make checks payable to MN FCCLA

Chapter: _____

FCCLA Region # _____

School: _____

Address: _____

Zip Code _____

School Phone: () _____

School Fax: () _____

Email: _____

Adviser Cell phone: _____

Registration Fees		Total	
FAST Pass- Discount for pre orders	Fast Pass for the Push Back Curfew for a Cause event- Friday night Pre orders: \$3.00 -St the door (\$5.00) Proceeds to help Charitable Organizations. Childhood Hunger and teen homelessness..	\$3.00 X ____	\$
Youth Delegates	Total No of delegates _____ X <i>List names on page 2. State theme Shirt included for delegates. ADD \$6.00 more for XXL or XXXL</i>	\$90.00 X ____	\$
Size adjustment –For Specialized sizes	Additional size cost for state theme t-shirts ordered in XXL or XXXL <i>If sizes ordered are in this size range, include additional registration</i>	\$6.00 X ____	
Current State Officers	Complimentary registration	\$ 0	\$ 0
All Adults/Advisors/ Chaperones	One chaperone per 6 students required. ____ X \$95.00 <u>All chaperones, adults must be registered. Chaperones and adults are invited to a reception function.</u>	\$95.00 X ____	
School Fee	School Fee (one fee per school district)	\$50.00	\$ 50.00
School Fee for STAR Event Lead Consultants -School Fee (one per school district) **Fee is reimbursed to a State STAR Event Lead Consultant who attended their orientation session for lead consultants. \$ 50.00 cash reimbursement to Lead Consultants attending this session Thursday.			
Senior Recognition <i>Chapter should make seniors a STAR - Walk of STARS.</i>	A Recognition Session for Seniors- Friday evening before Awards Session to honor then and promote Post Secondary future membership. See form for senior walk of stars.	\$0.00 X ____ seniors	\$0.00
Late Fees (If there is no initial chapter registration sent prior to this date)	Late Fee After Feb 20 ...\$40 per person extra After March 2\$60 per person extra	\$40.00 \$60.00	\$ \$
Conference Room fee if not in staying hotels designated	<u>Per person fee</u> may be assessed if hotel on the list is not your chapter's hotel.	\$ 90.00	\$
Chapter Silent auction item/ basket	Describe Donation: see form J		
Celebration Supper open to any delegate, alumni, guest	Celebrate the 70 th anniversary with alumni, the year with parents and State Officers and Advisors, their Guests, event and program open to delegates, advisers, alumni and guests. See form K	\$35.00 X ____	\$
TOTAL DUE	Please submit your payment with this form. Make check payable to MN FCCLA.		\$

Advisor information: How many years have you been an advisor?

Name: _____

Check : __1st year; __5 yrs; __10 yrs; __15 yrs; __20 yrs; __25 yrs; __30 yrs; __35 yrs; __40 yrs; __45 yrs; __50 yrs

<p><u>Hotel Verification: Check the hotel requested for your delegation.</u> (all are in the Bloomington area near Sheraton Bloomington)</p> <p>1. __ Doubletree Hotel 2. __ Sheraton (Soffitel) 3. __ Days Inn</p>

Send form to: FCCLA State Office, PO Box 131386, Roseville, MN 55113-0012 by Feb 20, 2015.

2015 FCCLA REGISTRATION FORM

Form B

Chapter Name: _____

Chapter Delegates- Registration includes a T shirt .(Note: *Polos are not included this year*) Add \$6.00 for XXL or XXXL sizes.
 Note Registration information: *Additional cost for Sizes XXXL and XXL .-additional charge.*

Name M/F Grade Shirt Size Attendance: List all reasons that apply- see list.
 Youth Size YS,YM,YL
 S, M, L, XL, XXL, XXXL

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

Parents, Alumni and Chaperones (*You must have one adult chaperone for every 6 students*)

Name Male/Female Shirt Size Reason
 S, M, L, XL, XXL

1.				Chaperone
2.				Chaperone
3.				Chaperone
4.				Chaperone
5.				Chaperone

Advisor(s) Name

Name Male/Female Shirt Size Reason
 S, M, L, XL, XXL

1.				Adviser
2.				Adviser
3.				Adviser

REASONS: *List for the purposes of nametag entries*

- | | |
|--|--|
| 1. STAR Event Participant (Advance from region) | 13. Guest |
| 2. SKILL Event participant (Comes directly to state) | 14. .Parade of Chapter Service projects |
| 3. Chapter delegate (All members are delegates) | 15. Current -Regional Officer/JHC |
| 4. Voting delegate (One per chapter) | 16. Current- Peer Ed Team |
| 5. School Administrator | 17 Current –State Officer -Exec Council |
| 6. Adviser | 18. Current –State Officer -Exec Council |
| 7. Alumni | 19. Helper- Lead Consultant or State Officer |
| 8. Parent/ Chaperone -required: 1 adult per 6 youth | 20. Dance Showcase Advancer- Jr High or Sr High |
| 9. Potential Chapter Advisor or delegate | 21. Talent Advancer- Jr High or Sr High |
| 10. Candidate Region Officer/JHC | 22. Chapter Lip Sync group |
| 11. Candidate State Officer or Nat'l Officer | 23. Senior Recognition |
| 12. Candidate Peer Ed Team | 24. Keep the Momentum going workshop (3 members) |

***Remember to list one Chapter Delegate as a Voting Delegate and sign all delegates up for training.*

Send this form to: MN FCCLA *PO 131386* Roseville, MN 55113-0012
 Postmarked by Feb 20, 2015 After this date add late fees to the amount to total due.



FCCLA Celebration Supper

Celebrate the 70th anniversary with alumni, the year with parents
and State Officers and Advisors, their guests. Alumni invited.
The event and program is open to any delegates, advisers, alumni and guests.

FRIDAY April 17, 2015-Doubletree Bloomington Hotel

Name	Guest of:	Menu choice: #1, 2 or 3	Chapter affiliation	Amount due
1.				\$35.00
2.				\$35.00
3.				\$35.00
4.				\$35.00
5.				\$35.00
6.				\$35.00
7.				\$35.00
8.				\$35.00
9.				\$35.00
10				\$35.00
11				\$35.00
12				\$35.00
13				\$35.00
14				\$35.00
15				\$35.00
15				\$35.00
Total				\$ _____

Enter total number of people in the Registration FORM B

Menu choices: (menus include rice or potato, rolls, salad, vegetable, beverages)

#1 Beef Pot Roast

#2 Sauteed MN Walleye

#3 Chicken Penne Pasta (Alfredo)

**April 17, Friday – Supper at 6:15 pm—7:30 pm at Doubletree Bloomington Hotel
Celebrating the year and kicking off FCCLA’s anniversary year!!-**

Program featuring alumni, State Executive Officers and staff

Send to:

MN FCCLA, PO 131386, Roseville, MN 55113

By March 1, 2015

FCCLA REGISTRATION FORM

SUMMARY of State Conference Opportunities

Form D

Chapter Name: _____

These entries were selected at the Regional level.

Region Talent Showcase	Member name	Member name
Advancer		
Check one: ___Jr ___Sr	1.	1.
Type of Talent	3.	4.
Song:	5.	6.
Equipment needed:	7.	8.

Region Dance Showcase	Member name	Member name
Advancer		
Check one: ___Jr ___Sr	1.	2.
Song:	3.	4.
	5.	6.
Equipment needed:	7.	8.

Chapter Lip Sync-*no region contest- any chapter can enter.*

Lipsync entry	Member name	Member name
Check one: ___Jr ___Sr	1.	3.
Song:	3.	4.
	5.	6.
Equipment needed:	7.	8.

4. Silent Auction Donations

Our chapter will donate: Basket of _____
 Approximate Value:\$ _____

Our chapter will donate: Item: _____
 Approximate Value:\$ _____

Our chapter will donate: Basket of _____
 Approximate Value:\$ _____

Our chapter will donate: Item: _____
 Approximate Value:\$ _____

“Keep the Momentum Going” Registration for Workshops- Form E

Sign up 3 of your Local Chapter Officers - **“Keep the Momentum Going”** workshop.

Your chapter will be assigned to one of two workshops developed and conducted by the State Officer Team.

Workshops will be fun, interactive and informational to get your chapter on a roll for the remainder of this year and into next year.

FCCLA – A Whole New World

Helping Your Chapter Soar to New Heights.

Your chapter will be assigned for one of the two workshops. The workshops are Friday Afternoon.

_____ (Chapter)

Officer #1: _____ (Underclassmen) Grade: _____

Officer #2: _____ (Underclassmen) Grade: _____

Officer #3: _____ (Underclassmen) Grade: _____

****Other workshops/ speakers will be designated by grades or genders. Most sessions will be open to any delegate to attend.**

2015 Talent or Dance Registration

Chapter Talent and Dance Showcase

Form F

Chapter Name: _____

Advisor Name: _____

Email: _____

Description of the dance show case or talent:

Equipment we will bring:

Note: Piano is not provided. The hotel does not have a piano on site.

Names of Contestants:

1. _____	Grade _____	2. _____	Grade _____
3. _____	Grade _____	4. _____	Grade _____
5. _____	Grade _____	6. _____	Grade _____
7. _____	Grade _____	8. _____	Grade _____

Rules:

- Each entry must be less than 3 minutes to advance to state level.
- Must advance through regions to perform at State Conference.
- Songs must be appropriate meaning that is consistent with the mission of FCCLA: no swearing, no sexual content, no violence, no cross dressing, no bashing men, women, animals or persons of authority.
- Costumes should cover cleavage, belly buttons, backs. No costumes length should be shorter than mid thigh.
- Contestants can be denied to perform if songs or costumes are inappropriate.

I have seen my students perform their talent or dance entry and have approved that there performance follows the above rules.

Advisor Signature

Date

Please check the event category:

_____ Junior High Dance Showcase

_____ Senior High Dance Showcase

_____ Junior High Talent

_____ Senior High Talent

Please submit form to: Region Competition

Your Region President

Ask for deadline

If your entry is the State Advancer

State FCCLA Office

PO Box 131386

Roseville, MN 55113

By Feb 20, 2015

Note: State Talent and Dance Advancers will be unable to perform unless this form is submitted to Shelly Barrett by **Feb 20, 2015

LIP SYNC

Form G

Does your chapter have fun with lipsyncs? We want you to have a good time with the NEW lipsync showcase.

This year, at the Minnesota FCCLA State Conference, you've finally able to do just that!

We're seeking all of you FCCLA'ers who think you have what it takes to compete in Minnesota FCCLA's LIP SYNC SHOWCASE!
YOU CAN MOVE YOUR LIPS!!

(Note: There is also a category of Dance Showcase. In Dance Showcase, you do not move your lips- so this is different than the Dance Showcase)

Exciting right? We know!

We'd like to stress a few rules.

1. A "lip sync" consists of 4-8 persons performing a lip sync to a song together.
2. You will perform one song. (We want to see what you've got).
3. Each lip sync is required to bring their own costumes- we cannot provide anything other than a sound system.
4. Appropriate attire is required. Performers should dress modestly and NO CROSS DRESSING of genders.
5. All music must be submitted to MN FCCLA state staff (Lyrics and song titles) by Feb 20, 2015 for approval. You must have fun!

Mail your entry to MN FCCLA, PO 131386
Roseville, MN 55113 By Feb 20, 2015

Chapter Lip Sync participants -no region contest

Lipsync entry	Member name	Member name
Check one: ___Jr ___Sr	1.	5.
Song:	2.	6.
	3.	7.
Equipment needed:	4.	8.

Parade of Chapter Service Projects-ATTACH TO BACK OF POSTER

Each project that your chapter has done can be represented in a parade of service projects on Thursday during Opening Session. Attach a page to your poster with this information.

Data is used for grant reports, seeking FCCLA funding and reporting on FCCLA Activities. Please be as thorough as you can be.

1. Chapter name: _____
2. Name of Project: _____
3. Two chapter members who will represent this project in the parade of chapter projects:
 1. _____ 2. _____
4. Number of persons impacted by this service project: _____
5. Number of persons who participated with you in doing this service project. _____
6. Number of youth involved in this service project: _____
7. What was the purpose of this service project?
8. Please put a **quote** from your chapter member about what they learned from doing this service project.

There is no limit to the number of groups your chapter can have in the parade of service projects.

Please check these as they apply to your project:

Hunger projects

- ___ # of food items collected (on average 1 lb food=2 items of food.)
- ___ # food drives
- ___ # of community or school gardens planted or created.
- ___ # of meals prepared at shelters or feeding locations.
- ___ # of backpacks for weekend feeding programs
- ___ # healthy eating classes taught

Community

- ___ # housing units repaired
- ___ # job skills training or financial literacy classes organized
- ___ # of playgrounds improved
- ___ # cards/ letters written to active duty troops
- ___ # actions supporting military or veterans
- ___ # sites cleaned, beautified and or painted
- ___ # Murals painted or community artwork created.
- ___ # animals cared for at animal shelters

Disasters

- ___ # disaster readiness kits created
- ___ # of food donations
- ___ # of buildings remodeled

Partners:

- ___ 4-H
- ___ Afterschool groups
- ___ Am Red Cross
- ___ Americorps
- ___ Big Brothers Big Sisters
- ___ Campfire

- ___ FFA
- ___ FCCLA
- ___ Girls Inc.
- ___ Girl scouts
- ___ Hugh O Brien leadership
- ___ FF\\Student Councils
- ___ NHS
- ___ Rotary
- ___ Lions
- ___ Legion
- ___ VFW
- ___ SADD
- ___ United Way
- ___ YMCA
- ___ YWCA
- ___ Other school groups
- ___ Other _____

of Stories about your project

- ___ School announcements
- ___ School website
- ___ Facebook or twitter posts
- ___ City or county newspaper
- ___ radio
- ___ TV
- ___ Other _____

Did you engage public or elected officials?

- ___ School officials
- ___ School board
- ___ City Officials
- ___ legislators
- ___ Federal elected officials
- ___ Others

Send form in AND attach a copy to your poster (on the backside)

Attach additional sheets if necessary,
 Send form to: FCCLA State Office, PO Box 131386, Roseville, MN 55113-0012 Postmarked by Feb 20, 2015
 Students-Return form to your advisor. Advisors - Send form for each student.

Parent/Guardian Permission Form

Form I

Student First name

Last name

Chapter name	Student's Cell phone
Adviser name.....	.Adviser cell phone

Directions: This form is to be returned to the LOCAL ADVISOR and used by the local advisor.
ADVISORS: Keep a copy and bring a copy of these forms for the state conference registration files.

The Minnesota Association of the Family, Career, Community Leaders of America will hold the annual state conference at the Doubletree Hotel in Bloomington, MN on April 16-18, 2015.

- Please fill out the questions below if your daughter or son is to be one of the representatives to this conference.
- Forms must be returned before your delegate may attend the conference.

1. Do you approve of your son or daughter attending the State FCCLA Conference to be held at the Doubletree Hotel in Bloomington, MN April 16-18, 2015.	YES	NO
2. Do you approve of your son or daughter participating in Fitness Fever activities?	YES	NO
3. Do you know the plans for the trip, including who will chaperone the group, the mode of travel, where the group will stay and any plans for sightseeing?	YES	NO
4. Do you approve of these plans?	YES	NO
5. Do you expect your son or daughter to see or call relatives or friends while en route to or in Bloomington? If yes, please write the name and address of relative and/or friend:	YES	NO
6. Do you plan for your son or daughter to leave the group at any time while traveling to or in Bloomington? If yes, please explain:	YES	NO
6. Does your son or daughter agree to abide by the rules of no use or possession of alcohol, drugs or cigarettes as well as the state conference curfew?	YES	NO
7. Does your son or daughter give permission to use likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to MN FCCLA to share this image with its partners for use in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of Minnesota FCCLA and will not be return	YES	NO
8. We give consent for FCCLA State Association to have knowledge of hotel reservations and the hotels may provide FCCLA information regarding the attendee's reservation information to facilitate housing.	YES	NO

VIOLATION OF THE CODE OF CONDUCT WILL RESULT IN THE PARENT COMING TO BLOOMINGTON TO GET THE STUDENT OR FINANCING TRANSPORTATION HOME IMMEDIATELY.

Please Name two persons who may be contacted in case of an emergency

Name	Phone
Name	Phone

Explain any special care needed:

By signing this, I agree to the terms stated above.

• **Signature of Parent:** _____ **Date:** _____

• **Signature of Delegate:** _____ **Date:** _____

ADVISORS: Keep a copy and send a copy of these forms for the state conference registration files.

Please return a copy of this signed code of conduct to your chapter advisor. The advisor should bring the copies of the code of conduct to hand in at registration or send it with the registration and also keep one copy for your own use at the State Conference.

Name: _____ **Chapter:** _____

I realize that attending a State FCCLA Conference is a responsibility and an opportunity to attend one of the finest youth events in the state. As a delegate from my chapter, a representative of my school and community, I agree to act in a professional manner.

- ___ **Yes**, I agree to attend all sessions for delegates and take full advantage of the training.
- ___ **Yes**, I agree to attend all General Sessions and be respectful of the speaker, presenters and fellow delegates.
- ___ **Yes**, I will attend all chapter meetings and region meetings that I am expected to attend.
- ___ **Yes**, I will be present my STAR Event category is advancing from the region and also be an audience member for STAR Event sessions in order to observe and learn.
- ___ **Yes**, I agree to make the State FCCLA conference activities a priority over all other leisure activities.
- ___ **Yes**, I will promote and demonstrate the positive image of a positive youth leader. I will follow the **dress code** for the conference.
- ___ **Yes**, I will refrain from the use or possession of alcohol, drugs or tobacco during the conference.
- ___ **Yes**, I agree to abide by all rules of conduct set by the State Association and the rules set by my FCCLA chapter advisor and chaperones.
- ___ **Yes**, I will be respectful of hotel property and the property of other delegates and roommates.
- ___ **Yes**, I hereby grant Minnesota Association of Family, Career and Community Leaders of America permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to MN FCCLA to share this image with its partners for use in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of Minnesota FCCLA and will not be returned.
- ___ **Yes**, I realize that the state association has Board of Directors policies for social media and posting videos and other technology of myself or members in order to protect the reputation and quality of FCCLA videos and notices.
Videos that are approved by the State FCCLA association may be given permission to be posted. Members who post videos identifying Minnesota FCCLA may be contacted and asked to remove them if they were not been approved with the consent of MN FCCLA. The advisor and /or principal will be notified if they are not removed.
- ___ **Yes**, I agree to use social media, cell phones, internet in positive ways travelling to/ from and during the conference. I have reviewed expectations with my advisor prior to the conference.

Signed: _____ Member
Signed: _____ Parent
Signed: _____ Chapter advisor

Silent Auction Time!

FORM K

With State Meeting approaching, we would like to ask for your help in collecting items for our annual silent auction. The **silent auction** is a great fundraiser that helps fund activities throughout the year. Donations for your baskets can come from local businesses and corporations or chapter members. When your basket is assembled, please fill out the **Silent Auction Basket Form** and send it to the following form by March 1.

Silent Auction room involves:

- Chapters donating one theme basket. Themes include movie night, music, sports, snacks, or anything else you can imagine.
- *Region Officers-organize a Region FCCLA donation: suggested themes-(in Nov Horizon) Reg 1- Alphabet Basket, Reg 2-Color Basket Reg 3 Sports/ Fitness basket, Reg 4 Entertainment Basket, Reg 5 Bath and Body Basket, Reg 6 Movie Basket, Reg 7-Snack Attack Basket, Region 8 Comfy and Cuddly Basket.)*
- media sale
- gently used books,
- movies, or game
- artwork-. Pieces of art can be paintings, drawings, sculptures, needlework, or any other piece of creativity.

All donations are appreciated but please remember, all basket and media sale items must be appropriate so no "R" rated movies or music!

Silent Auction Basket Form

Chapter Name _____

Item donated: _____

Theme _____

Contents (List items)

Approximate value _____

Let us know what you are planning and bring items to the Silent Auction room at State FCCLA Conference!

Chapter Website page

Submit 4 or more photos of your chapter in action.

Chapter website pages will be developed with a template made by the VP of Public Relations. Your chapter will have a featured page on the MN FCCLA Website.

Ideas for Photos: chapter officers, service projects, STAR Events in action, Chapter meeting, Chapter doing FCCLA Week activities, Members in front of your school or town's sign,

Submit photos to: wendy.ambrose@mnfccla.org

Re: _____chapter photos

No deadline but chapter pages will be updated in February and March.

STAR/ SKILL EVENT EVALUATORS FOR 2015

Form M

Requirements for Student Evaluators

1. Must be senior high age with at least two years Competitive Event experience.
2. Have an understanding of FCCLA programs.
3. Ability to understand and interpret the STAR Event rubric.
4. As a judge, students must have the ability to remain unbiased and keep all discussions between evaluation team confidential.

Persons with FCCLA Knowledge, Alumni Evaluator

Lead consultants will need to find Persons with FCCLA knowledge/alumni FCCLA members as judges for their STAR Event categories. We ask that you would seek out alumni and persons with FCCLA knowledge that have adequate expertise in the STAR Event area. The role of this evaluator is to evaluate the validity and relevancy of the content area of the STAR Event plus understand FCCLA programs and STAR Event processes. The person in this evaluator role needs to have an FCCLA background.

Expert (Business and Industry) Evaluators

A committee is seeking the expert content evaluator from their business and industry contacts. If Advisers know of appropriate evaluators from within their chaperones, or from your contacts please forward these names and contact information to the state office.

Procedure for the STAR Event Awards

Gold medals will be given out on stage.

Bronze and Silver Medals will be put in the adviser packets by the lead consultants.

Session I, II and III STAR Event Gold Awards will be announced on Friday evening.

Session IV STAR Events Gold Awards will be announced on Saturday morning during the closing session.

.....
 Send this form in with registration or contact the Pres Elect's adviser with this information. jonathoncurry@fps.mntm.org

Chapter adviser making recommendation: _____ Chapter: _____

Adviser e mail: _____ Adviser cell phone: _____

2015 State Competition-Student evaluator recommendation.

Student evaluators-(grades 11-12 and at least 2 year's experience in FCCLA)

I recommend these students as possible evaluators.

Name	E mail	Possible events they could evaluate	Grade	Is this person in an event? Conflict of interest in this event.
1.				
2.				
3.				
4.				

INSTRUCTIONS FOR HONORING SENIORS



Wall of Stars

Honoring our senior members will be a walk of STAR on Friday night.

We ask underclassmen members to make a 5 pointed STAR poster 15 inches X 20 inches (½ of artfoam board) on art foam board-any color. Art foam boards are usually 20 inches X 30 inches.

Use ½ of it per person. The STAR can be on the poster or the poster can be STAR Shaped. The Poster will be available to go back to the Senior member to keep on Saturday.

On Front: List Senior 's Name, chapter, Attach a Photo of them, List their future plans. (College, Career interest, Work plans, etc)

On the back, tape an index card with this information. (This part will be removed by state staff and kept)

Senior's name	Chapter
E mail for senior	Home Address
Phone or cell phone	Future plans:
Career interest:	College they may attend:
Work plans:	Advisor's name:

Why? We intend to contact seniors for future post secondary FCCLA involvement as a post secondary/ collegiate member and for post secondary STAR Events which is a new effort of National FCCLA . Please honor all of your seniors.

Bring the STAR Posters to Registration Table areas on Thursday. They will be displayed on Friday evening when the seniors are honored.

***MEMBERSHIP INCENTIVE FOR
INCREASING MEMBERS***

7- Up Celebration

Highlighter Style!

- If you chapter increased your membership by 7 more members than you last year numbers, you've already completed the 7-Up Challenge.
- Starting at 10:30 pm and going to 11:45 pm on Thursday night your chapter and other chapters who have completed the 7-up challenge will be invited to the exclusive highlighter party!
- Members will be given highlighters. **Bring your own white t-shirt to decorate!**
- There will be black lights, music and members will have a great time at this party!
- There is a Dress Code for this party. **Black or khaki Slacks, White shirts and no tank tops or flip flop shoes.**

