Updated April, 2008

Official Judging
Event Registration Form

Event name _____ **Extension Area** _____ **County** _____
Category

(Please print or type)

Coach

Coach's name: _____

Coach's street address: _____

Coach's city, state, zip: _____

Coach's e-mail address: _____

Coach's phone numbers: (day) _____ (evening) _____

Team Name: _____

Please place an "X" in the appropriate boxes below.

Representing: Mark One	**4-H**	**FFA**
Level of Competition: Mark One	**Junior**	**Senior**

Participants

	First Name	Last Name	Address	City, State, Zip	Grade in School (Sept 1st)	Attended National Contest
#1						
#2						
#3						
#4						

If you have disability needs, please notify the event chairperson prior to event day.

Coach's signature verifies eligibility of participant(s), correctness, and completeness of information.

Educator's signature verifies receipt of Registration form.

Coach's Signature Date

Extension Educator's Signature Date