



SkillsUSA
New York State
Prizes for Contestants
2008-2009

Please Print or Type

CONTEST NAME _____

Please list donations from only one source on this form. Duplicate as needed.

COMPANY or PERSON DONATING _____

Address _____

Street or Box Number

City

State

Zip

CONTACT PERSON _____

Telephone _____

Work _____

Other _____

Fax _____

E-mail _____

PRIZE

VALUE

1st Place _____

2nd Place _____

3rd Place _____

Specific instructions or qualifications:

Please return this form to _____, NYSC Prize Coordinator

By: Day prior to awards ceremony

Address: