

Contest Helper Application Form

Please TYPE or PRINT clearly all information

Name of Occupational Center: _____

Address: _____ Phone#: _____

Fax#: _____

Hotel that the Student(s) will be staying at: _____

(If Known. If not, contact me when you find out)

Name of Student's Lead Advisor Lead Advisor's Email Address - _____

SkillsUSA Advisor responsible for the student(s) in Syracuse

cell # _____

Student's Name(s): 1. _____

2. _____

3. _____

*The above named students are enrolled in a CTE program and have the basic skills necessary to assist with a contest that may fit with this career program. I will also ensure that the above students will review and understand the follow-up material **before** they arrive; and will strive to maintain the highest professional conduct during this event.*

Signature of Leader Advisor _____

Class Instructor: _____

Return this form to:

Ellen T. Coughlin, NYLSC Coord.

335 Furman Mill Rd.

Sherburne, NY 13460

607-674-9604 (h)

607-316-0892 (c)

Email - coughlinsgotskills@gmail.com

**Form can be mailed, or
emailed to arrive by:**

APRIL 1, 2018

Please print the "DUTIES AND RESPONSIBILITIES" PACKET that can also be found on the website.