

Contest Helper Application Form

Please **TYPE** or **PRINT** clearly all information

Name of CTE Center:

Address:

Phone Number:

Hotel student(s) will be staying at:

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

Student's Lead Advisor:

Lead Advisor's Email Address:

Advisor responsible for the student(s) in Syracuse:

Cellphone Number:

Student Name(s): 1.
 2.
 3.

The above-named students are enrolled in a CTE program, be a member of SkillsUSA, 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:

Return this form via mail or email by April 1, 2026, to:

Jeanni Romanowski

romanowj@dcmoboces.com

DCMO BOCES

270 BOCES Drive

Sidney Center, NY13839

607-865-2536

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