WHAT: NYS SkillsUSA State Leadership Conference

WHERE: The NYS State Conference will be held at: New York State Fairgrounds

WHEN: April 22-24-2020

REGISTER: Online at SkillsUSA-register.org
Dear Advisors,

As you prepare to register for the State Leadership Conference, please read the following information carefully. The following packet contains all the information you need to register your students for this year’s conference. If you have any questions, please feel free to contact me at 585-366-4675, or bpotter@nysskillsusa.org.

Please note the following:

• ALL conference pre-registration payments or po’s must be received NO LATER than 5:00 p.m. on February 14, 2020.
• The conference registration fee is $100.00.
• Pre Conference registration will be online by December 10, 2019 and should be filled in and sent to Midge McCloskey by February 14, 2020.
• Conference registration will be conducted online at the National SkillsUSA registration site: www.skillsusa-register.org/Login.aspx. All competitors must be Skills members by March 1, 2020.
• Hotel forms are due to Christie Bravos by March 31, 2020 through the Rooms@nysskillusa.org link. Room rates are single $300.00, double $200.00. Hotel assignments will be posted by April 6, 2020.
• Hotel: Check in time at the hotel is 3:00pm. Please do not arrive before this.
  • Black pants/skirt, white dress shirt & tie or blouse, or white polo shirt are the minimum dress requirement for all official activities.
  • Competition dress must be worn during all competitions. Check standards for competition dress.
  • A copy of the rooming form is included in this packet. Please use the form online.
• A tentative program will be posted when available.
• The 2019-2020 competition theme is: SkillsUSA: Champions at Work, I’m Ready.
• Also included in this packet is the new Basic and Safety forms.

If you have a student that is interested in being a state officer for next year please have interested candidates complete the Officer Application packet found under forms on www.nysskillsusa.org.

Thank you

Bruce Potter
NYS SkillsUSA Director
<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 10, 2019</td>
<td>Fall Leadership</td>
<td>Deadline for registration and rooming</td>
</tr>
<tr>
<td>November 3-5, 2019</td>
<td>Fall Leadership The Desmond, Albany</td>
<td>Students need to be SkillsUSA members</td>
</tr>
<tr>
<td>February/March</td>
<td>Area Competitions</td>
<td>Strongly recommended: Complete Area conferences as early as possible in February and March</td>
</tr>
<tr>
<td>February 2020</td>
<td>Career and Technical Education Month</td>
<td></td>
</tr>
<tr>
<td>January 31-February 1, 2020</td>
<td>Officer Training Genesee Grand Hotel</td>
<td>Officer Screening will be done at the Area Conferences. Paperwork must be to Bruce Potter by February 1, 2019</td>
</tr>
<tr>
<td>February 14, 2020</td>
<td>State Pre-Registration Due</td>
<td>Only pay per contest, advisors, team members, and delegates can be paid in the final payment.</td>
</tr>
<tr>
<td>February 3, 2020-March 27, 2020</td>
<td>Online registration for NYS SkillsUSA Leadership and Skills Championships</td>
<td>Registration Site opens @skillsusa-register.org</td>
</tr>
<tr>
<td>March 1, 2020</td>
<td>Membership</td>
<td>All membership due online. Students registered after this date will not be able to compete at states.</td>
</tr>
<tr>
<td>March 31, 2020</td>
<td>State hotel Forms Due</td>
<td>Advisors are to send to: <a href="mailto:Rooms@nysskillsusa.org">Rooms@nysskillsusa.org</a> hotel forms.</td>
</tr>
<tr>
<td>April 6, 2020</td>
<td>State Hotel Assignments posted</td>
<td></td>
</tr>
<tr>
<td>April 8, 2020</td>
<td>NYS Registration site reopens for changes</td>
<td>Make all final changes online.</td>
</tr>
<tr>
<td>April 10, 2020</td>
<td>NYS Registration site closes. All payments are due.</td>
<td>Please submit:</td>
</tr>
<tr>
<td>April 22-24, 2020</td>
<td>NYS SkillsUSA Leadership and Skills Championships</td>
<td>NYS Fairgrounds</td>
</tr>
<tr>
<td>May 4, 2020</td>
<td>Deadline for online registration for NLSC</td>
<td>If first place winner cannot attend notify Bruce Potter ASAP</td>
</tr>
<tr>
<td>May 15, 2020</td>
<td>Payment and housing form deadline for conference registration and hotel.</td>
<td>All payments or po's must be received by the NYS SkillsUSA Office by 5:00 p.m.</td>
</tr>
<tr>
<td>June 22-27, 2020</td>
<td>SkillsUSA National Leadership and Skills Championships, Louisville, KY</td>
<td>Crowne Plaza Hotel 830 Phillips Ln. Louisville, KY 40209</td>
</tr>
<tr>
<td>July 21-24, 2020</td>
<td>Summer leadership training</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Instructions for Spring Conference Registration

1. Go to the skillsusa-register.org
2. Go to Join and log in
3. After you log in click on the “click here for conference” tab and choose Spring Leadership
4. Click new registrant
5. Choose student
6. Fill in name, address, registration type, t-shirt size and birth date (make sure you put in both) If you do not put in all the information it will not save.
7. Hit save and go on to the next student
8. Remember to register the advisors
9. You do not need to email or send me your registration; I can access it from the web site
10. Use the t-shirt form on the nysskillsusa.org forms page only for additional t-shirts
Go To forms on the NYS SkillsUSA Web site to find all forms needed:

✓ STUDENT AND ADVISOR HOTEL RESERVATION FORM
  
  FYI
  Rates:
  
  Single - $300 pkg. (includes meals)
  
  Double - $200 pkg. per person (includes meals)
  
  Extra night - $100 (NO MEALS)
  • Occupancy for one hotel room for two consecutive days
  • Rates include the following:
    1. Gratuity
    2. Meals
      1. Dinner on Wednesday & Thursday
      2. Lunch on Thursday
      3. Breakfast on Thursday & Friday
  
  Instructions:
  • E-mail all Hotel forms to Christie Bravos – Rooms@nysskillsusa.org
  • Must be received by March 31, 2020. No exceptions.
  • Hotel Locations will be posted on April 6, 2020
  • If rooming with another school it must be noted on the form
  • Please identify any special needs in writing
  • If you have any questions regarding the housing form please contact Christie Bravos at 1-800-234-4797 x:1842 or cbravos@visitsyracuse.org.

✓ EXTRA T-SHIRT ORDER FORM
  • Due Date March 31, 2020
  • Send to Midge McCloskey mmccloskey@nysskillsusa.org

✓ NATIONAL DELEGATE FORM
  • Take to House of Delegates

✓ PAYMENT WORKSHEET FORM
  • Send with every payment to Midge McCloskey mmccloskey@nysskillsusa.org

✓ CANCELLATION / REFUND REQUEST FORM
**Additional T-Shirt Order Form ONLY**

*Extra T Shirts are $10.00 ea.*

- T-shirts are included on the conference registration form that will be filled out for every registered participant. This year every shirt will be ordered through the registration form on-line; a category choice will be on the form under t-shirt, a drop down box will appear for size selection.
- Additional shirts orders MUST be received by **March 31, 2020**. NO size changes or additions after this date.
- If form is NOT received on time, NO extra shirts will be received by your center.
- **Send** order and payments to: Midge McCloskey
- **Payable** to: SkillsUSA New York:

  Midge McCloskey  
  21 Pine Knoll Drive  
  Rochester, NY 14624  
  Email to: mmccloskey@nysskillsusa.org

School Name:  
Advisor Responsible for order:  
Email Address:  
Number of Registered Participants for State Conference:

<table>
<thead>
<tr>
<th>SIZE</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALL</td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td>LARGE</td>
<td></td>
</tr>
<tr>
<td>X-LARGE</td>
<td></td>
</tr>
<tr>
<td>XX-LARGE</td>
<td></td>
</tr>
<tr>
<td>XXX-LARGE</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF ADDITIONAL T-SHIRTS ORDERED**

**EXTRA T SHIRTS ARE $10.00 ea.**

**NOTE:** E-mailed forms will receive acknowledgement of receipt within 24 hours. Please call Midge McCloskey if not received.
Leadership and Skills Championships
Syracuse, New York
April 22-24, 2020

Worksheet for Payment:

School:
Contact Person:
Email Address:

Work Number
Home Number
Cell Number

Payment in the amount of $ includes:

# Additional materials fees @ $25.00 ea. contest totaling $

# Additional registration fees @ $100 per person totaling $

# People in Double Rooms @ $200 per person attending totaling $

# Single Rooms @ $300 per person attending totaling $

# Extra Night Double Rooms @ $50 per person attending totaling $

# Extra Night Single Rooms @ $100 per person totaling $

Total: $

PLEASE include this form every time you send a payment

To: Midge McCloskey
21 Pine Knoll Drive
Rochester, NY 14624
mmccloskey@nysskillsusa.org

Please use Single form from NYSSkillsUSA.org website at Forms tab.
SkillsUSA NEW YORK
STUDENT AND ADVISOR HOTEL RESERVATION FORM
DUE MARCH 31, 2020 to Rooms@nysskillsusa.org

Please Use a Separate form for male and female: Check ONLY one - Female  Male

School Name:
Address:
School Phone: Fax:
Key Advisor: Email:
Home Phone: ________________ Cell Phone:

***Must Answer: BUS WILL REMAIN to transport students during conference: Yes  No
***Must Answer: Our School Will Attend the Chicken BBQ on Thursday Night: Yes  No

ADVISORS/CHAPERONES/BUS DRIVERS (one or two per room)

<table>
<thead>
<tr>
<th>Name (first person)</th>
<th>Name (roommate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
</tbody>
</table>

STUDENTS (one or two to a room)

<table>
<thead>
<tr>
<th>Name (first person)</th>
<th>Name (roommate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
<td>8.</td>
</tr>
<tr>
<td>9.</td>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
<td>11.</td>
</tr>
<tr>
<td>12.</td>
<td>12.</td>
</tr>
<tr>
<td>13.</td>
<td>13.</td>
</tr>
<tr>
<td>15.</td>
<td>15.</td>
</tr>
<tr>
<td>16.</td>
<td>16.</td>
</tr>
<tr>
<td>17.</td>
<td>17.</td>
</tr>
<tr>
<td>18.</td>
<td>18.</td>
</tr>
<tr>
<td>19.</td>
<td>19.</td>
</tr>
<tr>
<td>20.</td>
<td>20.</td>
</tr>
</tbody>
</table>

TOTALS

<table>
<thead>
<tr>
<th>Single Rooms</th>
<th>Double Rooms</th>
<th>Total Rooms</th>
<th>Total People</th>
</tr>
</thead>
</table>

Questions: If you have any questions regarding the housing form please contact Christie Bravos at 1-800-234-4797 x:1842 or cbravos@visitsyracuse.org
SkillsUSA New York
CANCELLATION / REFUND REQUEST FORM

(Please Print or Type)

School Name: ____________________________________________
Who check is to be made out to: ________________________________
Advisor: ____________________________________________
Email: ________________________________________________
Address to where check is to be sent: __________________________

Hotel Name: ____________________________________________
Number of Cancelled Rooms: ________________________________

Singles: ____________ Doubles: ____________
Total Cancelled Rooms: ________________________________
Refund Amount: ________________________________

I, ________________________________, certify that room cancellations were made on
or before April 12, 2020.

Signature (Advisor) ________________________________ Date

I, ________________________________, acknowledge receipt of this form, and will make the
necessary adjustments.

Signature (Hotel Representative) ________________________________ Date

FOR REFUND PAYMENT: Submit completed form to Midge McCloskey, 21 Pine Knoll Drive, Rochester, NY 14624.

NOTE: Refunds will only be paid to the schools meeting the April 12th cancellation deadline date. This form must be filled out completely and turned in at the time of the requested refund. Cancellations after the deadline due to extenuating circumstances, (personal illness, death in family, etc.) must be properly documented and submitted in writing to Midge McClosky.

ADVISOR: Please maintain 1 copy for submission at the time of the refund request, along with your original rooming forms.

HOTEL PERSONNEL: Please maintain a copy for your files, and return (fax or mail) the SIGNED form to the advisor.

Please use Single form from NYSSkillsUSA.org website at Forms tab.
Basic Participation Form
SECONDARY ASSOCIATION OF SkillsUSA NEW YORK

NAME: ____________________________________________  AGE: ______________________

ADDRESS: ______________________________________________________________________

TOWN: ________________________________________  ZIP: __________________________

PHONE: (_____) _______________________  COMPETITION: _______________________

CAREER CENTER or TECH SCHOOL: ____________________________________________

ADDRESS: ______________________________________________________________________

TOWN: ________________________________________  ZIP: _______________________

PHONE AT SCHOOL: (_____) __________________________

ADVISOR: __________________________________________  email: ___________________

Qualifications for Eligibility as a Contestant in a Basic Competition

 NOTE: All information is kept confidential.
 FORMS ARE TO BE Brought to the orientation meeting the night before competition

CANDIDATE:
• Must be an active SkillsUSA New York member.

TO PARENTS or GUARDIAN: Having your son or daughter participate in a NYS SkillsUSA competition is a wonderful and rewarding experience, both for them and for SkillsUSA. These competitions are part of their SkillsUSA club activities and are presented as a skills challenge. By signing this you are allowing the School and advisor to notify us that your son/daughter is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997. Thank you for helping SkillsUSA to certify a high level of responsibility for your student.

Signed: _________________________________________________  Parent or Guardian

TO CTE PRINCIPAL or DIRECTOR: It is essential that you be aware of the importance of the Basic contests and the student’s participation and requirements. Only students Classified under the provisions of Public Law 105-17, Individuals with Disabilities Education act, 1997 may compete. Your signature assures that the above student meets all requirements.

Signed: _________________________________________________  Principal or Director

TO ADVISOR: Your signature assures that you have registered the above student in the appropriate Basic competition and that this student is classified under the provisions of Public Law 105-17, Individuals with Disabilities Education Act, 1997.

Signed: _________________________________________________  Advisor

This form only used for the Basic Contest contestants.
New York State

SkillsUSA Statesman Award Check-off Sheet

Name: ________________________________________

Chapter: ______________________ Area:_____________________

Directions: In order to complete the Statesman, you must approach a NYS officer
during designated times and orally complete each component.

1. What are the SkillsUSA Colors and what do they represent?

2. What are the 5 components of the SkillsUSA Emblem?

3. Recite the SkillsUSA Creed.

4. In your own words, how would you explain SkillsUSA to someone who has never heard of it?

5. Recite the SkillsUSA motto and explain what it means to you.

6. Choose 1 SkillsUSA officer position and explain their duties.

7. Who is New York’s SkillsUSA Director?

8. Who is the State Education Department Director for NYS?

9. Name your Area VP and the 6 state officers and their positions (president, secretary, treasurer, parliamentarian, historian, and reporter)

10. Name the 3 components of the SkillsUSA Framework. Which one means the most to you and why?

11. How many Skills Areas are there in New York State?

12. What is “Skills Time”

13. What year was SkillsUSA founded?

14. What was SkillsUSA first called?

EXTRA: Recite the SkillsUSA Pledge
Code of Conduct Agreement

In order that everyone may receive the maximum benefits from their participation, the "Code of Conduct" must be followed at all times to respect all public and private property, including our hotel.

1. Students are to sleep in the room in which they were assigned.

2. Curfew for this conference is 11pm. Please respect the rights of others by being as quiet as possible after curfew and remain in your rooms.

3. Students are NOT to be in the rooms other than their own for any reason.

4. Drugs or alcoholic beverages are NOT allowed.

5. Students are not to leave the hotel without being accompanied by their advisor.

6. Conduct shall remain exemplary.

7. All students must keep their Advisors informed of their whereabouts at all times.

8. Official I.D. badges must be worn at ALL times.

9. All members must attend, and be on time for, all general sessions.

10. The dress code must be followed at all required times.
NEW YORK SECONDARY ASSOCIATION OF SkillsUSA NEW YORK

NATIONAL DELEGATE CANDIDATE FORM

NAME: 
AGE: 
ADDRESS: 
TOWN: 
ZIP: 
PHONE: 
SkillsUSA New York AREA: 
CAREER CENTER or TECH SCHOOL: 
ADDRESS: 
TOWN: 
ZIP: 
CAREER CENTER or TECH SCHOOL PHONE: 
ADVISOR: 

Qualifications for Eligibility as a Delegate to the National Conference

CANDIDATES:

- Must be an active SkillsUSA New York member having at least one full school year remaining prior to graduation from secondary school.
- Must be elected by the SkillsUSA New York House of Delegates.
- Must attend all General Sessions and House of Delegate Sessions at the Annual Spring Conference.
- Must attend one week of General Sessions and House of Delegate Sessions at the SkillsUSA National Conference in the year elected. (may not arrive after the conference begins or leave before the last delegate session – Friday afternoon).
- Must be accompanied by their local SkillsUSA New York Advisor to the National SkillsUSA Conference.
- Must complete and submit this form to the New York State Secretary during the morning business session of the House of Delegates at the Annual Spring Conference.

Please use Single form from NYSSkillsUSA.org website at Forms tab.
TO PARENTS: If your son/daughter should become a delegate to the National SkillsUSA Conference, it will be necessary for him/her to be away from home to attend the conference. Your permission is necessary and your support is appreciated. We are sure the training and experience they will receive will be beneficial. Please sign below indicating your approval for your son/daughter’s candidacy.

Signed:
Parent or Guardian

TO VOCATIONAL PRINCIPAL or DIRECTOR: It is essential that you be aware of the importance of the teacher/advisor’s role in helping a student carry out his/her duties and responsibilities as a National Delegate. The teacher/advisor is expected to accompany the candidate to the National Conference. I certify that, in my opinion, (Candidate) is qualified for the office of National Delegate, and that (Advisor) will be permitted the necessary time to accompany, support and assist the candidate in carrying out the duties and responsibilities of their office.

Signed:
Principal or Director

TO LOCAL SCHOOL ADMINISTRATOR: If (Candidate) should be elected as a delegate to the National SkillsUSA Conference, it may be necessary for this student to be absent from classes, testing and/or other school activities in order to attend. Specific dates will be forthcoming. I certify that, in my opinion, (Candidate), in my opinion, is a viable candidate for the office of National Delegate, and will be permitted the necessary time to carry out the duties and responsibilities of this office.

Signed:
Local School Administrator

TO ADVISOR: The development of leadership demands a continuous effort on both the part of the student and that of the advisor. I certify that (Candidate) is qualified for the office of National Delegate. I will give him/her the training, chaperoning and direction necessary to aid in fulfilling his/her duties as a delegate to the National SkillsUSA Conference.

Signed:
Advisor

CERTIFICATION by CANDIDATE: I hereby agree to conduct myself, at all times, in a manner befitting a SkillsUSA delegate; to perform the duties and responsibilities of my office to the best of my abilities; and to work for the good of the SkillsUSA New York Secondary Association.

Signed:
Candidate
SkillsUSA New York

Contestant Safety Agreement

This form must accompany each competitor.

School:

Contest:_______________________________________________________

Student Name:__________________________________________________

Who is competing in this year’s skill conference may as part of his/her experience; work with hand tools; operate machines, power tools, and/or motorized equipment.

It is understood that each contestant has successfully completed appropriate safety instruction in the use of common hand tools, machines, power tools and/or motorized equipment related to their respective trade area.

Each contestant reviewed and has been instructed in the safety of the equipment listed on the NY Contest Standard for the contest they will be attending.

All contestants are required to supply, and wear clothing and equipment appropriate to the trade area while participating in this contest and must assume responsibility for following safe operating procedures.

We ask that each contestant subscribe to the following safety pledge.

1. I PROMISE TO FOLLOW ALL TRADE AND PERSONAL SAFETY RULES.
2. I PROMISE TO WEAR APPROPRIATE SAFETY EQUIPMENT AND CLOTHING AT ALL TIMES.

➢ I WILL NOT OPERATE MACHINERY, POWER TOOLS, EQUIPMENT OR USE ANY HAND TOOL; UNLESS I HAVE BEEN INSTRUCTED IN IT’S USE AND HAVE SATISFACTORILY PASSED THE APPROPRIATE SAFETY TEST AS PART OF MY OCCUPATIONAL/VOCATIONAL PROGRAM.

Contestants Signature:_________________________Date:

I hereby confirm that said Student has received proper training and demonstrates the safe and appropriate use of common hand tools, machines, power tools and/or equipment that may be used during this skill conference.

Teacher’s Signature: ____________________________Date: ____________

All contestants are to turn these sheets in at the orientation meeting. Revised Dec 2019