STATE CONTEST ENTRY FORM

Office _____ (OR) Committee _____

Contest _____
(if more than one contest - use separate form for each contest)

Society_____ State ___Florida_____

Number of Members ___ (Members age 10 & under ___ Members ages 11-22 ___)

Total Number Participating _____

Society President

Name _____

Address _____

City _____

State ____ZIP Code+4 _____

Email _____

Senior Society President

Name _____

Address _____

City _____

State _____ ZIP Code+4 _____

Email _____

Documentation of your program is required. Please attach:
Photographs of displays, projects, and events
Scripts of original programs
Proof of financial and/or material donations
Verification of ALL volunteer hours
All other documentation of year required work to accomplish this program

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Details of donations*
(material and/or financial number volunteer hours)

Details of how this committee's program was accomplished*

delete (erase) below remarks when submitting your contest entry
*use additional sheets when needed
enlarge (or not) a form for each contest entry