

# CHAPTER SERVICE PROJECT DISPLAY/MANUAL

**CHECK ONE CATEGORY:** (6) \_\_\_\_\_ Junior DISPLAY: through grade 9

(9) \_\_\_\_\_ Junior MANUAL: through grade 9

(7) \_\_\_\_\_ Senior DISPLAY: grades 10 – 12

(10) \_\_\_\_\_ Senior MANUAL: grades 10 - 12

(8) \_\_\_\_\_ Occupational DISPLAY: grades 10 – 12

(11) \_\_\_\_\_ Occupational MANUAL: grades 10 - 12

For each chapter, **include a copy of the chapter affiliation** showing the date DUES were sent to National Headquarters. Deadline for membership: MARCH 1.

Participant information: **Two teams may represent NYS at National in each category.**

1. Participant's name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Grade this year \_\_\_\_\_

2. Participant's name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Grade this year \_\_\_\_\_

3. Participant's name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Grade this year \_\_\_\_\_

Subject and Title of project \_\_\_\_\_

**Electric Outlet: CIRCLE: YES or NO**

**For Display: CIRCLE: Tabletop or Freestanding display**

Advisor's name \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone(S) \_\_\_\_\_ E-mail \_\_\_\_\_

Return to: Janet Stout, 354 Lakeside Rd, Angola, 14006; 716:549-3386; [djstout9@verizon.net](mailto:djstout9@verizon.net)

I certify that the above chapter has met all the specifications in the STAR Events Manual: District Advisor \_\_\_\_\_ Phone and E-mail below