

CULINARY ARTS

CHECK ON CATEGORY:

(18) _____ Occupational: 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: **One** team may represent NYS at National.

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 _____

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

I certify that the above chapter has met all the specifications in the STAR Events Manual.

District Advisor _____

Phone _____ E-mail _____
