

EARLY CHILDHOOD

CHECK CATEGORY:

(19) _____ 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: Two individuals may represent NYS at National.

1. Participant's name _____

Home address _____

City/State/Zip _____

Phone _____ E-mail _____ Grade this year _____

Subject _____

Title of project _____

Circle One: Lesson plans are for ages: 2-3 years**4-5 years****6-8 years****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; e-mail: djstout9@verizon.net

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

District Advisor _____

Phone _____ E-mail _____