



## JOB SKILL DEMONSTRATION CONTESTANT VERIFICATION OF APPROPRIATE CATEGORY

Please complete this form to verify contestant's skill and demonstration areas. Check (✓) one:

Job Skill Demonstration Contest **A**       Job Skill Demonstration Contest **O**

Contestant's Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

Advisor's Name \_\_\_\_\_

Student's Occupational Field \_\_\_\_\_

Student's Skill(s) to be Demonstrated During Competition \_\_\_\_\_

\_\_\_\_\_

Clothing Requirement: Official SkillsUSA dress or official contest dress uniform only.

Contestant Signature \_\_\_\_\_

Advisor Signature \_\_\_\_\_

I verify that the contestant meets the requirements for (check (✓) one):

Job Skill Demonstration Contest **A**       Job Skill Demonstration Contest **O**

\_\_\_\_\_  
Signature of State Association Director

\_\_\_\_\_  
Date

Please complete the information requested and return this form by May 15<sup>th</sup> to:

SkillsUSA Championships  
P.O. Box 3000  
Leesburg, VA 20177-0300

(703) 777-8999 (Fax) or E-mail to: [akranenberg@skillsusa.org](mailto:akranenberg@skillsusa.org)