SkillsUSA®
CHAMPIONSHIPS

SPECIAL NEEDS CONTESTANT INFORMATION

If you have registered a contestant who will require the assistance of another person at the orientation meeting and during the competition, please complete the information below and submit this form with the official contestant registration form. (Example: a dyslexic student requiring a reader, a deaf student requiring a signer, etc.)

Contestant Name: _____ Contest: _____

Assistance Required: _____

Name of Assistant: _____

Is the assistant an instructor? _____ If yes, in what training program? _____

_____ _____/_____

Date State / Association Director's Signature

Please complete the information requested and return this form by May 15th to:

SkillsUSA Championships
14001 SkillsUSA Way
Leesburg, VA 20176-5494
(703) 777-8999 (Fax) or E-mail to: dworden@skillsusa.org