

CALIFORNIA ASSOCIATION FFA LEADERSHIP AND AWARDS SIGNATURE PAGE

Name of Applicant:	
Home Mailing Address:	
City:	Zip Code:
Mobile Phone Number:	
Email Address:	
FFA Chapter:	
Applications to which this page applie	es:
State Committee Chair	National Delegate
State Nominating Committee	Other
accurate to the best of our knowledge, event. We further certify that the applic will abide by all FFA Association rules a wear official FFA dress uniform at ALL	ormation presented on our student's application is true and and that the applicant is worthy of participation in this cant agrees to remain on-site for the duration of the event, as well as the instructions of the chaperones in charge, events as directed by those in charge, and agrees to allow be used by the FFA Association and FFA Foundation.
Signature of Applicant:	
Signature of Chapter Advisor:	
Signature of Parent/Legal Guardian:	
Signature of School Principal:	