

FORMS



**NORTH DAKOTA FBLA
PARENT OR GUARDIAN PERMISSION FORM, MEDICAL AND MEDIA RELEASE**

NORTH DAKOTA FBLA MEDICAL RELEASE

Name of FBLA Member	
Address	City/State/Zip
Chapter	Date of Birth
Name of Insurance Company	Policy Number
Known drug allergies	Cell Phone Number
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician.	

MEMBER OBLIGATION

I have read the Code of Conduct/Dress Code for North Dakota FBLA. While attending any FBLA Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association. I will follow policies of the conference, school, and the North Dakota High School Activities Association.

Cell Phone: _____

Signature of Business Student / FBLA Member

Home Phone: _____

PARENT or GUARDIAN OBLIGATION

I, the parent/guardian of the above-named student have read the Code of Conduct/Dress Code and agree to the policy of the organization. I permit the adult advisers/chaperones to routinely check member's room to insure that students adhere to policies established by FBLA and the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless, FBLA, the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Cell/Home
Phone: _____

Signature of Parent/Guardian

Work Phone: _____

MEDIA PERMISSION

We authorize Career and Technical Student Organizations and FBLA to distribute for publication the above member's name and/or picture and any results (examples would include: printed publications, web pages, radio, etc. of leadership activities or competition, etc.).

Signature of Participant

Signature of Parent/Guardian

**This form is for your use. Bring it with you to the conference.
DO NOT SEND IT TO THE STATE OFFICE.**



Who's Who in FBLA Award

Every FBLA chapter should name one FBLA member to receive the Who's Who award. Every chapter has a winner. State FBLA officers are **not** to be local chapter winners. They receive the award automatically. This award should be given to the person most deserving for service to the local FBLA chapter, not necessarily the president, but the member who always is present, always willing to help, etc. If the adviser feels it is merited, chapters may have more than one Who's Who winner.

1	Name of Student Receiving Award (please type)
2	Name of Student Receiving Award (please type)
3	Name of Student Receiving Award (please type)

NOTE: The Who's Who Award is recognized in a "Parade of Chapters" at the State Leadership Conference. The "Parade of Chapters" participants are the Local Chapter Who's Who winner, the chapter adviser, and the president of the chapter (or representative).

Name of President or a Representative (please type)
Name of Adviser, Region, Chapter (please type)

DO NOT LIST STATE OFFICERS

Postmark, Email or Fax this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
lkuntz@nd.gov



Go for North Dakota Gold Application

School Name and City	Adviser's Signature
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PLEASE MAKE SURE SUPPORTING DOCUMENTS ARE ATTACHED TO THIS FORM.

Gold Level—complete the six (6) Level I activities and ten (10) Level II activities. Gold level chapters will receive recognition and preferred seating during the Awards of Excellence Program at the SLC.

Silver Level—complete five (5) Level I activities and eight (8) Level II activities. Silver level chapters will receive recognition at SLC.

Bronze Level—complete four (4) Level I activities and six (6) Level II activities. Bronze level chapters will receive recognition at SLC.

Check level for which you are applying: **Gold Level** **Silver Level** **Bronze Level**

Level I Activities:

- Pay initial state and national dues of \$10 per member by October 20.
- Submit Local Chapter Annual Business Report for state competition.
- Submit online Chapter Check-In forms (formerly known as Infoshare) on three separate months.
- Chapter attends the Fall Leadership Conference.
- Recruit at least two professional members. **Attach verification of professional membership registration.**
- At least 20% of members complete one or more levels of the Business Achievement Awards Program. **Attach list of students and which level was completed**

Level II Activities:

- Submit article to FBLA-PBL national publication. **Attach copy of article.**
- Conduct a public relations program in the school and community and document the activities with newspaper clippings and reports of radio/TV coverage. **Attach copies of documentation.**
- Qualify for the North Dakota Membership Achievement Award.
- Have a candidate run for state office.
- Attend a national conference.
- Include a businessperson in a chapter activity or attend a business tour. **Attach a description of name, position, and activity.**
- Include a school official/administrator in a chapter activity. **Attach a description of name, position, and activity.**
- Submit American Enterprise Project for state competition.
- Submit Business Financial Planning Project for state competition.
- Submit Community Service Project for state competition.
- Submit Project Awareness for state competition.
- Submit Business Plan for state competition.
- Submit Partnership with Business Project for state competition.
- Conduct a job shadowing activity for chapter members. **Attach a short description of each activity.**
- Secure a corporate sponsorship. **Attach a copy of sponsorship form. (Form found in Forms section)**
- Adopt-a-Chapter. **Attach copy of verification form. (Form found in Forms section)**
- Chapter has a majority of members participate in Professional Dress Day on three separate months. **Attach copy of verification form. (Form found in Forms section)**
- At least one (1) chapter member completes Membership Madness or Membership Mania. **Attach copy of verification form(s). (Form found in Forms section)**
- Hold a March of Dimes Fundraiser. **Attach a description of activity and copy of check sent to the March of Dimes.**
- Create a website or social media site. Submit URL to state webmaster prior to submission of entry form so that there is also a link on the state Web site.
- Recruit an additional five professional members. (This is in addition to the two professional members recruited in Level I.)
- Plan and carry out activities designed to celebrate FBLA-PBL Week. **Attach a short description of each activity.**
- Have a state officer visit your chapter in person or by video conference and provide information or assistance at a chapter meeting or event. **Attach a short description of visit.**
- Conduct a local officer installation ceremony. **Attach a short description of activity.**
- Hold a chapter/member recognition event. **Attach a short description of activity.**
- Nominate a chapter member for the Member of the Month recognition on at least three separate months. **List the names of members nominated.**
- Submit at least two (2) photos with descriptions of local members participating in FBLA events to North Dakota FBLA social media sites. **List ND FBLA social media sites posted to, along with dates photos were posted.**

Postmark form, along with supporting documents, by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
llkuntz@nd.gov



Adopt-a-Chapter Verification Form

Chapter _____

This form verifies that members of the _____ High School chapter of FBLA have adopted _____ High School in order to charter/reactivate the school into FBLA membership. This form verifies that all **Terms of Adoption** were fulfilled and the adopted school has chartered or reactivated with a minimum of five members by mailing dues to the national FBLA office. The chapter adviser and president of both the established chapter and the adopted chapter must sign this form.

Please provide the following information:

Date adopted chapter was first contacted _____

Date chapter installation ceremony was performed (**mandatory**) _____

Dates and types of activities conducted to assist adopted school:

Date	Type of Activity

President/established chapter Date Adviser/established chapter

President/adopted chapter Date Adviser/adopted chapter

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Corporate Sponsorship Form

Name of Company Representative:		Name of Business:	
Address:		City, State:	ZIP:
Phone:		Fax:	
E-mail Address:			
Name of Competitive Event Sponsored:		Amount:	
1 st Choice:		\$	
2 nd Choice:		Make check payable to North Dakota FBLA	

Will a representative of this business be present at the State Leadership Conference to present the award?

Yes No

If yes, please list name: _____

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session.

Signatures:

Representative of Business:	Date:
North Dakota FBLA Representative:	Date:

Postmark, along with check, by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
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lkuntz@nd.gov



Membership Madness Form

Member's Name: _____ Chapter #: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Adviser's Name: _____ School Phone: _____

Adviser's E-mail: _____

Recruited five new members: (List names of new members in the blanks below)

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

Member's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

If additional members were recruited, please attach list and send to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
llkuntz@nd.gov



Membership Mania Form

Member's Name: _____ Chapter #: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Adviser's Name: _____ School Phone: _____

Adviser's E-mail: _____

Recruited ten new members: (List names of new members in the blanks below)

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

6. Name: _____

7. Name: _____

8. Name: _____

9. Name: _____

10. Name: _____

Member's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

If additional members were recruited, please attach list and send to:

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Professional Dress Day Verification Form

Professional Dress Day is designed to teach members about professional business attire, as defined by the FBLA Dress Code. Chapters who have a majority (51%) of their members wear professional dress to school in three separate months prior to the submission deadline, can use this activity to qualify for Go for the Gold, Silver, or Bronze.

School Name and City:

Please fill out the information below. Professional Dress Day must be verified by the chapter adviser.

Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:

Signature of Chapter President:	Signature of Chapter Adviser:
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Postmark, Email, or Fax this form by designated date to:

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lkuntz@nd.gov



FBLA Preconference Test Request

School:	Adviser:
Phone with best time to call:	Fax:
Pre-conference test administrator: (May not be an adviser. You may have more than one test administrator, but all tests will be sent to only one person.)	Mailing address of test administrator:

*****All students must pay registration fee to participate in these events.*****
*****All competitors in the same event must take the test on the same day and time.*****

Event	Names of Competitors <i>(For team events, place names of all team members on same line.)</i>
Future Business Leader <i>Individual event</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Entrepreneurship <i>Teams consisting of 2 or 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Marketing <i>Teams consisting of 2 or 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Parliamentary Procedure <i>Teams consisting of 4 or 5 members</i> <i>Team takes tests individually</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Sports and Entertainment Management <i>Teams consisting of 2 or 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Computer Applications <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1. 2. 3. 4. 5. 6.

Continued on next page

Event	Names of Competitors <i>(For team events, place names of all team members on same line.)</i>
Database Design & Applications <i>Individual Event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Spreadsheet Applications <i>Individual Event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Word Processing <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.

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Market Share Award Application

School Name and City:

Please fill out the information below. Chapter membership will be verified using National FBLA membership records.

Number of Members in Chapter:

School Enrollment:

Percentage of Population:

(To calculate percentage of population, divide your chapter membership by the total school enrollment.)

Signature of Chapter President:

Signature of Chapter Adviser:

Postmark, Email, or Fax this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
lkuntz@nd.gov



Special Needs Assistance Request

North Dakota Department of Career and Technical Education

The following student or adviser requests special assistance or accommodations at the State Leadership Conference. **Please complete a separate form for each student or adviser from your chapter needing assistance.**

Name and type of assistance required:

Describe how you believe we could best assist student or adviser with special needs. (Example: provide room on ground level.)

Chapter

Adviser

Postmark, Email, or Fax this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
lkuntz@nd.gov



Hotel Reservation FBLA State Leadership Conference

Hotel	Conference Dates April 2-4, 2017	Mail No Later Than February 6, 2017
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1. A block of rooms has been reserved at several hotels in Bismarck. See list of hotels and rates for this information. **Mail this form directly to the hotel of your choice. No reservation will be made for the conference without this form. Any changes must be made with the hotel.**
2. Money for the hotel rooms must be paid by the adviser upon checkout with *one check for the entire amount payable to the hotel.*
3. Advisers must be responsible for all students and are expected to be in the hotel overnight.
4. Type entire form.

Name of School	Adviser Responsible
Total number of rooms to reserve	Dates rooms should be reserved <input type="checkbox"/> April 2-3, 2017 <input type="checkbox"/> April 2, 2017 only

	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

Continued
on next
page

DUPLICATE THIS FORM IF ADDITIONAL SPACE IS NEEDED.

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room G	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



FBLA State Leadership Conference Chapter Hotel Reservation

EMAIL OR FAX TO:

Name Linda Kuntz	Phone 701-328-3174	Fax 701-328-1255
Email llkuntz@nd.gov	Date Sent	

MESSAGE:

<p>Hotel at which our chapter is staying:</p> <p>Number of members plus advisers staying here:</p> <p>Total number of rooms reserved at this hotel:</p>
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CONTACT INFORMATION:

<p>Name of Adviser to Contact in Case of Bad Weather:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Name of Alternate Contact in Case of Bad Weather:</p> <p>Phone Number:</p> <p>Email Address:</p>
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FAX FROM:

Adviser's Name
School, City



Campaign Luncheon Reservation Form

EMAIL OR FAX TO:

Name Linda Kuntz	Phone 701-328-3174	Fax 701-328-1255
Email llkuntz@nd.gov	Date Sent	

- In order to have an accurate count, and to eliminate the waste of extra food that is ordered, please complete the information requested below regarding how many people your chapter will have attending the campaign luncheon.
- Please do not duplicate your counts. For example: If your chapter president is also a voting delegate or campaign manager, do not count him/her twice.
- **Chapters must attend this luncheon in order to be eligible to vote in the State Officer Election.**

Number Attending	PLEASE INDICATE THE NUMBERS FROM YOUR CHAPTER WHO WILL BE ATTENDING THE CAMPAIGN LUNCHEON	Cost
	Number of chapter presidents attending	No Cost
	Number of state officer candidates attending	No Cost
	Number of campaign managers attending	No Cost
	Number of advisers attending	No Cost
	Number of voting delegates attending— <i>Do not include anyone in this count who is already listed in the above items.</i>	No Cost
	Number of future or potential state officer candidates attending (maximum of 2)	No Cost
	Number of chaperones or guests attending	\$15/person

FAX FROM:

Adviser's Name
School, City

Please send check for chaperones or guests attending the luncheon, along with a copy of this form, to FBLA Fiscal Agent:

**Beth Allen
 FBLA Fiscal Agent
 PO Box 6022
 Bismarck, ND 58506-6022**

Checks should be made out to ND FBLA. Please include a note identifying payment as State Conference Campaign Luncheon Fees.



North Dakota FBLA Code of Conduct

Student Name (print/type)

School (print/type)

- Fall Leadership Conference
- State Leadership Conference

Advisers: Have each delegate sign a copy. Signed copies must be turned in at registration.

FBLA-PBL Code of Conduct

FBLA-PBL members have an excellent reputation. Your conduct at every FBLA-PBL function should make a positive contribution to extending that reputation. Listed here are rules of conduct for the FBLA Leadership Conferences. All delegates will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisers, or upon FBLA-PBL.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser points during workshops, bodysurfing at dances, etc.)
4. Keep their advisers informed of their activities and whereabouts **at all times**. Accidents, injuries, and illnesses must be reported to the local or state advisers immediately.
5. Observe the curfews as listed in the conference program. Local and state advisers as well as security personnel will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour.
6. Avoid alcoholic beverages and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the delegate to criminal prosecution.
7. Act as guests of the hotel and conference center. Delegates must obey the rules of these facilities. The facilities have the right to ask a delegate or delegates to leave. **Do not throw anything** out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels who have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest room or meeting room floors. Individuals or chapters responsible for damages to any property or furnishings will be responsible for its repair or replacement.

Local advisers are responsible for the supervision of delegate conduct.

Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FBLA-PBL reserves the right to notify law enforcement.

I agree to abide by the Code of Conduct and the Dress Code.

Signed: _____

Parent Signature _____ Date _____

- National Leadership Conference

FBLA-PBL Dress Code

Appropriate attire is required for all attendees—advisers, members, and guests—at all general sessions, competitive events, regional meetings, workshops, and other activities unless otherwise stated in the conference program. Conference name badges are part of this dress code and must be worn for all conference functions.

Professional attire acceptable for official FBLA-PBL activities include:

Males

- Business suit with collared shirt, and necktie (or bow tie)**
- Sport coat, dress slacks, collared shirt and necktie (or bow tie)
- Dress slacks, collared shirt, and necktie (or bow tie)
- Business suit or sport coat with dress slacks and banded collar shirt
- Sweater or sweater vest, collared shirt with necktie (or bow tie), and dress slacks
- Dress socks and dress shoes (not sandals, work boots, or other shoes with heavy soles—dress cowboy boots are ok)

Females

- Business suit with blouse or sweater, sleeveless suit is appropriate**
- Business pantsuit with blouse or sweater**
- Skirt or dress slacks with buttoned-up blouse or sweater (knee length*)
- Business dress (knee length*)
- Maxi length skirt with coordinating jacket/cardigan
- Jumpsuit with coordinating jacket/cardigan
- Capris/gauchos with coordinating jacket/cardigan, worn below the knee
- Dress shoes (closed or open toe)

Inappropriate attire includes:

- Jewelry in visible body piercing, other than ears
- Hair dyed an unnatural color
- Tunics and leggings
- Cargo pocket or zip-off pants
- Jean-style khaki pants, capris, or skirt, or other pants or skirts with pockets sewn on the outside
- Denim, canvas, flannel, or chambray fabric
- Backless, see-through, tight-fitting, spaghetti strapped, strapless, or low-cut blouses/tops/dresses
- Dress t-shirts (Sweaters and blouses are only appropriate)
- Clothing that shows any midriff skin
- T-shirts, spandex, tank tops, bathing suits
- Blouses that are not buttoned appropriately
- ***Casual shoes – no sandals, athletic shoes, colored (or black) canvas sneakers, Toms-style shoes, work shoes, hiking boots, over-the-knee boots, cowboy boots for females, flip-flop/thong sandals of any kind, or bare feet
- Athletic wear—including sneakers
- Hats
- Bolo ties
- Visible foundation garments

CLARIFICATION: Many women's two-piece suits are currently designed so that they do not require a blouse. Therefore, this will be accepted. In addition, sling-back shoes and sleeveless dresses/suits are accepted.

*Knee length would be any skirt or dress that hits at some point of the knee—either just above, in the middle of the knee, or just below.

**Business suits must be appropriate to the decade.

***Any shoe made of fabric or canvas is considered a casual shoe and does not meet FBLA dress code guidelines.



Event Entry Form

This form must be completed and sent for the following events. Please check one:

Digital Video Production	Electronic Career Portfolio
Graphic Design	Publication Design
Public Service Announcement	Web Site Design

All media and/or projects must be clearly labeled and include the name of the event, state, participants' name(s), and school.

- Provide the URL for Digital Video Production.
- Provide the URL for Electronic Career Portfolio, or submit on a CD, DVD, or a flash drive.
- Submit Graphic Design on a CD, DVD, or a flash drive.
- Submit file folder for Publication Design that contains printed documents
- Submit Public Service Announcement on a CD, DVD, or a flash drive.
- Provide the URL for Web Site Design.

Chapter Name	
Web site URL Address (where appropriate):	
Adviser Name	
Adviser Email Address	Phone Number
Team Member Names	

We, the undersigned, attest that the design and creation of this presentation is the original work of the team members. We agree that this presentation may be linked, promoted, and used in any way by North Dakota FBLA-PBL for purposes of promoting the association.

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

CONTINUED ON THE NEXT PAGE

Complete this Document Section for All Appropriate Events:

Software Used:
Source of Information:
Copyright Notations:
Instructions for Running Project:
Template(s) Used (source):

Postmark this form and presentation by deadline date and send to person indicated.