



# SkillsUSA<sup>TM</sup>

## CHAMPIONSHIPS

### CONFIRMATION FORM

*Please Print or Type*

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone, Fax, Email: ( \_\_\_ - \_\_\_ - \_\_\_\_\_ ) ( \_\_\_ - \_\_\_ - \_\_\_\_\_ ) \_\_\_\_\_ @ \_\_\_\_\_

Contest Area \_\_\_\_\_

- Yes, I will be able to judge in a skill contest.
- No, I will not be able to judge at this time.
- Since I cannot attend, above is the name and contact information of my replacement or recommendation for a SkillsUSA Championships judge.

- Yes, I will be able to assist in developing the contest.
- No, I will not be able to assist in developing the contest at this time.

- Yes, I will be able to donate prizes for the contest.
- No, I will not be able donate prizes the contest at this time.

- Yes, I will be able to supply some materials.
- No, I will not be able to supply materials.

FAX: 225.492.2226  
Phone: 225.492.2249  
Cell: 225.603.5664

Website Registration: <http://www.skillsusala.org/judge--guest-sign-in.html>

Email: [skillsusala@yahoo.com](mailto:skillsusala@yahoo.com)