

Contest Helper Application Form

Please TYPE or PRINT clearly all information

Name of Occupational _____

Center: Address: _____ Phone# _____

: Fax#: _____

Hotel that the student(s) will be staying at: _____

(If known. If not, contact me when you find out)

Name of Student's Lead Advisor _____

Lead Advisor's Email Address - _____

SkillsUSA Advisor responsible for the student(s) in Syracuse

_____ cell # _____

Student's Name(s): 1. _____

2. _____

3. _____

*The above-named students are enrolled in a CTE program, be a member of SkillsUSA and have the basic skills necessary to assist with a contest that may fit with this career program. I will also ensure that the above students will review and understand the follow-up material **before** they arrive; and will strive to maintain the highest professional conduct during this event.*

Signature of Leader Advisor: _____

Class Instructor: _____

Return this form to:

Jeanni Romanowski

DCMO BOCES

270 BOCES Drive

Sidney Center, NY 13839

607-865-2536 (w)

607-371-1920 (c)

Email -

romanowj@dcmoboces.com

**Form can be
mailed, or emailed
to arrive by:**

APRIL 1, 2025

Please print the "DUTIES AND RESPONSIBILITIES" PACKET that can also be found on the website.