



CALIFORNIA ASSOCIATION FFA LEADERSHIP AND AWARDS SIGNATURE PAGE

Name of Applicant: _____

Home Mailing Address: _____

City: _____ Zip Code: _____

Home Telephone Number: _____

Email Address: _____

FFA Chapter: _____

Applications to which this page applies:

- | | |
|----------------------------|----------------------------------|
| State Committee Chair | National Delegate |
| State Nominating Committee | Sacramento Leadership Experience |
| | Other |

We, the undersigned, certify that all information presented on our student's application is true and accurate to the best of our knowledge, and that the applicant is worthy of participation in this event. We further certify that the applicant agrees to remain on-site for the duration of the event, will abide by all FFA Association rules as well as the instructions of the chaperones in charge, wear official FFA dress uniform at ALL events as directed by those in charge, and agrees to allow any photographs taken at the event to 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: _____