

APPLICATION FOR 12+ YEARS CONSECUTIVE SUPERIORS CERTIFICATE JR 3-16

Check one: <input type="checkbox"/> Junior <input type="checkbox"/> Adult	State:	Year:	Application Date:
Name of Student:		Date of Birth:	Age:

Teacher Information

Name:	Street Address:		
City:	State:	Zip:	
Phone: ()	Email:		

Complete the point history information in chronological order. Begin with the most recent year in the appropriate row for number of Superiors earned.

EVENT		YEAR	CLASS	RATING
	15			
	14			
	13			
	12			
	11			
	10			
	9			
	8			
	7			
	6			
	5			
	4			
	3			
	2			
	1			

Please note: The deadline for all applications to be received by the National Festivals Chair is **June 1st**.

Signature of the Area Chair: _____

Signature of the State Chair: _____

Please type (PREFERRED) or print form neatly, using black ink.

This point history must be verified and the form forwarded to the National Chair immediately to avoid processing delays.

After final verification, the National Chair will send the certificate directly to the teacher at the address above, unless directed otherwise.