

Coleman, Patti@EGHS

From: Canjar.James@Career and Technical Education
Sent: Wednesday, May 14, 2014 8:27 AM
To: Frahm, Jeffrey@EGHS; Salmon, Jeremy@ EGHS(Prin); Coleman, Patti@EGHS
Cc: Scholz.Janice@Career and Technical Education; Johnson.Regina@Career and Technical Education; Johnson.James@Career and Technical Education; Stewart.Jacquelyn@Career and Technical Education
Subject: Jeff Frahm National CTSO Travel - SkillsUSA - June 2014
Attachments: Jeff Frahm National CTSO Travel - SkillsUSA.pdf
Importance: High

Good Morning!

The Office of Career & Technical Education is pleased to announce that we will assist Jeff Frahm attend the SkillsUSA National CTSO Conference in Kansas City, MO June 22, 2014 to June 28, 2014.

A few points to note:

- The airline ticket will be reimbursed at the rate the credit was issued, which is \$510.00 (see attached document for details). Unfortunately we cannot refund the airline ticket at the rate it was purchased.
- Please work with your bookkeeper to book the rest of the expenses for the trip. I have attached all the travel details I was provided, including an approved outline of what CTE is paying for, to this e-mail for your reference. It is reminded that no personal credit cards be used in the booking process.
- **Once all payments have been made please have your bookkeeper contact me and we will work out how to get the funds to your school to pay for the expenses of this trip.**
- After you travel your completed signed travel forms are due back to the CTE Office, with all signatures in place, **NO LATER THAN Wednesday July 10, 2014** if you would like to be reimbursed for your approved expenses. This is **HARD DEADLINE** to ensure we have your travel documents to the Accounting office by the deadline they have given us.
- CTE does not approve or reimburse for rental cars rented during the trip.
- It is the responsibility of your school to take this out-of-state trip to the board for their approval.

As a reminder we are still waiting for your signed out-of-county travel form signed by you and your principal. I know we were discussing this on Monday but please be sure to get me a copy of this as soon as possible.

Please contact me if you have any questions.

Thank you-
Mr. Nick Canjar
CTE Accounting Specialist
(321) 633-1000 x236

*Travel Home
✓ 224537*

**Office of Career Technical Education
CTSO Sponsor Travel to National Competition Planning Form**

The Office of Career & Technical Education congratulates you and your students for qualifying to participate in the national competition(s) for your Career & Technical Student Organization (CTSO). Carl Perkins Career & Technical Education Improvement Act of 2006 Federal Grant funds may only be used to assist the affiliated chapter advisor to travel with 1st place state winners to CTSO National competitions.

Please complete this planning form which will be used to provide you with out of county travel funding. Note that all information and estimates must be provided and completed before funding will be approved. After funding is approved, it is your responsibility to make arrangements for airline and hotel reservations. Work through your school bookkeeper to book flights, hotel and pay registration using the school's purchasing card. We will reimburse the school for approved hotel, flight and registration expenses. Charges for rental cars will not be approved or reimbursed. This form must accompany the Out of County Leave and Travel Expense Report approved by your school administration, with all requested backup information supporting lodging, airfare and registration costs.

JEFF FRAHM 3011 EAU CLAIR SKILLS USA (1)
 Advisor Name School CTSO Affiliation Number of 1st Place Winners

KANSAS CITY, MO 321-724-4853 321-537-2282
 Destination (City) Advisor Home Phone Number Advisor Cell Phone Number

6/22/14 10:00 6/28/14 6:00
 From (Date) Time A.M./P.M. To (Date) Time A.M./P.M.

Planning Worksheet

Note: Receipts must be submitted for all expenses *except* meals and mileage.

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Date:	22-Jun	23-Jun	24-Jun	25-Jun	26-Jun	27-Jun	28-Jun	
Registration:	\$1,293.00							\$1,293.00
Airfare:	\$510.00							\$510.00
Lodging:								
Breakfast (\$6):		\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$36.00
Lunch (\$11):	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$77.00
Dinner (\$19):	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00		\$114.00
Parking:								
Taxi:								
Tolls:								
Mileage:								
Total Miles x .56								
Daily Total:								\$2,030.00

US AIRWAYS 800-428-4322 WESTIN CROWN 816-474-4400
 Air Carrier Name/ Phone Number Hotel Name/Phone Number

1 EAST PERSHING RD, KANSAS CITY, MO
 Hotel Address

I understand that it is my responsibility to complete an *Out of County Travel Leave and Travel Expense Form* to be received in the Office of CTE no later than 2 days after travel is completed. All expenses must be approved in advance. Receipts must be submitted for all expenses except meals and mileage. In regards to mileage, a print out of the route you took needs to accompany the paperwork.

[Signature]
 Teacher Signature

Approved: [Signature]
 Janice Scholz, Director, CTE

5/7/14
 Date

5/14/14
 Date

Received
 Seward Public Schools
 MAY 12 2014
 Career & Technical Education

FORM #1

**Career and Technical Student Organization (CTSO) - Project # 001117
CTSO Chapter Sponsor Travel Reimbursement Funding**

School: EAU GALLIE HIGH SCHOOL: Please ONLY list Chapters that are:

1. STATE and/or NATIONALLY affiliated CTSO chapter sponsors whose students will be involved in District, State, and/or National competitive/leadership events;
2. Have a minimum of 10 or more affiliated students; and have completed and attached the Chapter Affiliation Form for SY 2013-14.

Career & Technical Student Organization	#of Chapter Sponsors	Sponsor Names
Future Business Leaders of America (FBLA)		
SkillsUSA <i>POWER EQUIPMENT</i> <i>MARINE SERVICE TECH</i>		<i>JEFF FRAHM</i>
Health Occupations Students of America (HOSA)		
Distributive Education Clubs of America (DECA)		
Family Community & Career Leaders of America (FCCLA)		
Florida Public Service Association (FPSA)		
Florida Technology Student Association (FL-TSA)		
Future Educators Association (FEA)		

FORM #2

Career and Technical Student Organization (CTSO) - Project # 001117 CTSO Chapter Sponsor Travel Reimbursement Funding

Please help us in allocating CTSO chapter sponsor travel reimbursement funding to those schools where district, state and/or nationally affiliated CTSO Chapters will be entering leadership and/or competitive events during the 2013-2014 SY. Only complete this request form if your CTSO Chapter will be entering district, state or national leadership events and competitions.

- * In order to be considered as part of the school's funding allocation, please complete the information requested below for each CTSO chapter sponsor and send in with CTSO Form #1 by October 11, 2013.
- * Please attach a copy of your 2013-2014 Chapter Affiliation displaying student membership with this form.

School EAU COLLEGE HIGH SCHOOL

CTE Instructor (Chapter Sponsor) Name JEFF FRANK

Career and Technical Student Organization SKILLS USA

Date of 2013-2014 CTSO Chapter Affiliation JANUARY 2014


CTSO Chapter Sponsor's Signature

Thank you for your support of CTSO competitive and leadership events.

Eau Gallie High School
Marine Service Technology
1400 Commodore Blvd, Melbourne, Fl 32935

2014

SkillsUSA National Conference Itinerary
Jeff Frahm, Instructor

June 19th – 21st, 2014

Leave from Manchester, NH International airport and arrive in Milwaukee, WI. Pick-up rental car and drive to Fond du Lac, WI. Stay with E.G.H.S. graduate (1996 SkillsUSA Gold medal winner) Matt Krabacher, who works in the 'Fuel and Electrical System Engineering' group at Mercury Marine. Learn about new service training procedures for new products from Matt.

June 22nd – 23rd, 2014

Leave Fond du Lac, WI and drive to Kansas City, MO. Pick-up Dallas Howard as he arrives in Kansas City.

June 23rd – 27th, 2014

See agenda for SkillsUSA conference.

June 28th – July 2nd, 2014

Assist Dallas Howard as needed for his departure from Kansas City. Current plans are for his family to pick him up by car and continue on a summer vacation June 28, 2014. I will leave Kansas City and drive back to Fond du Lac, WI. Stay with E.G.H.S. graduate Matt Krabacher through July 2, 2014. During my stay I will attempt to meet with industry representatives from both Mercury Marine in Fond du Lac, WI and Johnson/Evinrude Bombardier in Sturtevant, WI.

July 3rd, 2014

Leave Milwaukee, WI. General Mitchell International airport and arrive back in Manchester, NH International airport.



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2014 NLSC Condensed Schedule

This is a tentative condensed agenda and is subject to change. Please check back prior to conference to check for any changes.



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Saturday, June 21

8 a.m. - 10 a.m. Leverage, Activate & Engage registration

10 a.m. - 5:15 p.m. Leverage, Activate & Engage

1 p.m. - 5 p.m. Conference Registration

Sunday, June 22

8:30 a.m. - 5:15 p.m. Leverage, Activate & Engage

10 a.m. - 6 p.m. Conference Registration

9 a.m. SkillsUSA Championships move in

1-4 p.m. ASTS Business Meeting

Monday, June 23

8:30 a.m. - 3 p.m. Leverage, Activate & Engage

9 a.m. SkillsUSA Championships move in

9 a.m. State Directors' Meeting

9 a.m. - noon Alumni Roundtable

2 p.m. Contest Chairs' Meeting

Tuesday, June 24

7:30 a.m. SkillsUSA Championships move-in

8 a.m. - 4 p.m. TECHSPO & Career Fair

8:30 a.m. - 4:45 p.m. TAG Tuesday (Delegates)

9 a.m. - Noon Advisor of the Year Interviews

10 a.m. - 2 p.m. National Officer Candidate Procedure

11 a.m. - 6 p.m. Contestant Orientation Meetings

12 p.m. - 6 p.m. Set up display event, exhibits and check in notebooks

2 p.m. Joint Delegate Session

7 p.m. - 10 p.m. Champions Night at the Power & Light District

7:30 p.m. - 8:30 p.m. 100% Advisors Reception

Wednesday, June 25

7:30 a.m. Leadership contestants report to contest area

7:30 a.m. - 8:45 a.m. President's Volunteer Service Award Breakfast

7:45 a.m. Teachers' Continental Breakfast

8:30 a.m. - 9:45 a.m. A Call to Action Teachers' Session

8 a.m. - 5 p.m. SkillsUSA Championships (open to the public)

8 a.m. - 4 p.m. TECHSPO & Career Fair

9 a.m. - 4 p.m. Delegate Meetings

10:30 a.m.-1:30 p.m. SkillsUSA's Amazing Race

10:30 a.m. - 4 p.m. SkillsUSA University

2:30 p.m. SkillsUSA Corporate Meeting

7 p.m. Opening Ceremony/Official Opening of the SkillsUSA Championships*

Thursday, June 26

7:30 a.m. Contestants report to contest area
8 a.m. Leadership contests finals
9 a.m. - 4 p.m. SkillsUSA Championships (open to the public)
8 a.m. - 4 p.m. TECHSPO & Career Fair (indoor exhibits close at 3 p.m.)
10 a.m. - 2 p.m. SkillsUSA University
1 p.m. Meet the Candidates/Delegate Assembly Business Mtg.
6:30 p.m. - 10 p.m. "SkillsUSA Night" at Worlds of Fun

Friday, June 27

7:30 a.m. State Directors' Breakfast
8 a.m. SkillsUSA Championships Move-out
8:30 a.m. State Directors' Business Meeting
9 a.m. and 1 p.m. SkillsUSA University
10:30 a.m. Delegate Assembly Business Mtg./Meet the Candidates
10:30 a.m. - 1:30 p.m. ASTS Business Meeting and Teachers Luncheon
6 p.m. Awards Ceremony

SkillsUSA is a partnership of students, teachers and industry working together to ensure America has a skilled workforce. SkillsUSA helps each student excel.

SkillsUSA | 14001 SkillsUSA Way | Leesburg, Virginia 20176
703-777-8810 | FAX: 703-777-8999

SkillsUSA is a national nonprofit and tax-exempt student organization under the Internal Revenue Service Code, Section (501)(c)(3).





**National Leadership Conference
June 22 – June 28, 2014
Kansas City, Missouri**

Including:

- Round-trip Air Transportation from Ft. Lauderdale, Jacksonville, Orlando, Tampa
- Charter motor coach transportation from the airport to hotel
- Flight Bag
- Six nights accommodations at the Westin Crown Center
- Florida Social following Awards Ceremony on Friday (Dinner Included)
- Services of Traveltyme
- Taxes and gratuities
- SkillsUSA National Registration Fee (\$140/person)

Cost per person:

Quad	\$1,146
Triple	\$1,215
Twin	\$1,353
Single	\$1,803

AIR CREDIT
\$ 510⁰⁰

\$ 1293⁰⁰

Deadlines:

- **Traveltyme reservations** (www.traveltymeinc.com): **May 6***
- Traveltyme Deposit due (\$400/person) **May 19**
- **National Conference Registration** (www.skillsusa-register.org) **May 19**
- Traveltyme balance due on or before: **June 2**

***TRAVELTYME MUST RECEIVE YOUR ONLINE RESERVATION BY MAY 6 OR YOUR AIRLINE RESERVATIONS CANNOT BE CONFIRMED AT PACKAGE COST.**

Register:

Traveltyme: www.traveltymeinc.com

Click Conferences
SkillsUSA
FLORIDA Association

SkillsUSA: www.skillsusa-register.org

Click Login and Enter Information
Select Conference Registration
Select New Registrant

All National Conference attendees MUST book with Traveltyme; others will be disqualified from competition.

Any increases imposed by Airline prior to ticketing will be assessed to each passenger.

Traveltyme, Inc. • 3021 Bethel Road • Suite 200 • Columbus • Ohio • 43220
Telephone: 614.442.1505 • Fax: 614.442.1537 • www.traveltymeinc.com

Frahm, Jeffrey@EGHS

To: Frahm, Jeffrey@EGHS
Subject: FW: SkillsUSA National Conference

Hello Jeff,

Nice to hear from you again. The air credit is \$510 per person. You would deduct this amount from each one of the package costs. Since you are not reserving air reservations, you may take a little more time in getting your online reservation to us. By May 12 will be sufficient.

Thanks,

Judy

Traveltyme, Inc.

From: "Frahm, Jeffrey@EGHS" <Frahm.Jeffrey@Brevardschools.org>

To: "judy.traveltyme@sbcglobal.net" <judy.traveltyme@sbcglobal.net>

Cc: "Frahm, Jeffrey@EGHS" <Frahm.Jeffrey@Brevardschools.org>

Sent: Friday, May 2, 2014 4:00 PM

Subject: SkillsUSA National Conference

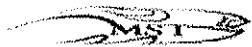
Hi Judy,

I remember working out our travel plans with you from years back. We have been to nationals 14 times. Our last trips to Kansas were 2005 – 2006 – 2007. I just got the information from state and sent a copy home with my medal winner. I have a situation where I will either be in New Hampshire (on vacation) or visiting relatives in Wisconsin (I would drive from WI). My student may be on vacation with family in Pittsburgh, PA. I also have another student who placed 2nd in another contest and we are waiting to hear if he might be going.

I know for sure that I need to opt out of the air fare and will need to see what my students parents are planning for the summer. In the past you have given the air credit – I need to know what our options are so we can lock this in by the May 6th deadline.

My cell number is 321-537-2282.

Take care. Look forward to getting back with you.
Jeff



Jeff Frahm, Instructor
Eau Gallie High School
Marine Service Technology
1400 Commodore Blvd
Melbourne, FL 32935
321-242-6400 Ext 5608
321-242-6411 Shop Direct

frahm.jeffrey@brevardschools.org

<http://eaugallie.hs.brevard.k12.fl.us/Teachers/frahmj/index.html>

Due to Florida's broad public records law, most written communications to or from government employees regarding public education are public records. Therefore, this e-mail communication may be subject to public disclosure.

Manchester (MHT) > Milwaukee (MKE)

Jun 19, 2014 - Jul 3, 2014, 1 round trip ticket

CONFIRMED

US Airways

FHZEFP

Your reservation is booked and confirmed. There is no need to call us to reconfirm this reservation.

Traveler Information

Jeffrey A Frahm Adult	No frequent flyer details provided	Ticket # 0377450556882
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* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Jun 19, 2014 - Departure 1 stop

Total travel time: 5 h 40 m

Manchester	Philadelphia	1 h 33 m
		289 mi

MHT 11:36am PHL 1:09pm

US AIRWAYS

US Airways 3263 Operated by US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Economy / Coach (L) | Seat 14F | Confirm or change seats with the airline*

Layover: 1 h 56 m

Philadelphia	Milwaukee	2 h 11 m
		689 mi

PHL 3:05pm MIKE 4:16pm

US AIRWAYS

US Airways 4059 Operated by US AIRWAYS EXPRESS-AIR WISCONSIN

Economy / Coach (L) | Seat 03A | Confirm or change seats with the airline*

Jul 3, 2014 - Return 1 stop

Total travel time: 4 h 59 m

Milwaukee	Philadelphia	2 h 6 m
		689 mi

MIKE 11:40am PHL 2:46pm

US AIRWAYS

US Airways 4094 Operated by US AIRWAYS EXPRESS-AIR WISCONSIN

Economy / Coach (L) | Seat 03A | Confirm or change seats with the airline*

Layover: 1 h 24 m

Philadelphia	Manchester	1 h 29 m
		289 mi

PHL 4:10pm MHT 5:39pm

US AIRWAYS

US Airways 3268 Operated by US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Economy / Coach (L) | Seat 07F | Confirm or change seats with the airline*

Price Summary

Traveler 1: Adult	\$558.00
Flight	\$478.14
Taxes & Fees	\$79.86
Travelocity Booking Fee	\$0.00

Total: \$558.00

All prices quoted in US dollars.

Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.



SkillsUSA National Leadership and Skills Conference

6/23/2014 - 6/27/2014

REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

You must wear your name badge *at all times* during the conference.

1
Complete this entire section. Participant's home address is required. Do not use school address as home address. E-mail address is required. Pre-conference information will be sent electronically.

SkillsUSA State Association: FL		Parents'/Guardians' Homes (if participant is under age 18):	
Check one: <input checked="" type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College/Postsecondary Division		Parents' Telephone Number (area code required):	
Participant's Name (First, Last) as it should appear on name badge: Jeff Frahm		Name of Teacher/Adult accompanying participant to conference, if applicable:	
Participant's HOME Address: 802 Lynbrook St NW		Name of SkillsUSA Advisor for participant's occupational area:	
City: Palm Bay	State: FL ZIP Code: 32907	School where participant's occupational training/trade area is taught: Eau Gallie High School	
HOME Telephone: 321-724-4853	CELL Phone: 321-537-2282	Mailing Address of above school: 1400 Commodore Boulevard	
Age: 54	Date of Birth: 11/24/1959	Check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	City: Melbourne State: FL ZIP Code: 32935
E-MAIL address: e-g-marine@rocketmail.com		School Telephone Number (area code required): (321) 242-6411	

2
Contestants

Also Attending:		Contest(s) in which competing:	
Reg. Type: Advisor Graduation Year: 0 T-Shirt Size: Large		N/A	
Occupational Training/Trade Area in which Contestant is enrolled: Marine Service Technology			
Delegate? <input type="checkbox"/>			
Officer Candidate? <input type="checkbox"/>			

3
Medical and Insurance Information. Complete this entire section.

Participants should carry a copy of their insurance card at all times during the conference.

If the participant doesn't have insurance, check where noted.

Name of Person to Contact in Event of Emergency: Priscilla Frahm		Name of Person Responsible for Participant's Medical Bills:																						
Contact Person's HOME Telephone Number (area code required): 321-724-4853		Participant's Relationship to Person Responsible for Medical Bills (example: son, daughter):																						
Contact Person's WORK Telephone Number (area code required): 321-674-6145 E		Participant: Do you have a history of (check all that apply): <table style="width: 100%; border: none;"> <tr> <td>Allergies?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Heart condition?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Diabetes?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Asthma?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Epilepsy?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Rheumatic fever?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Other existing medical conditions?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table> If "yes," please explain:		Allergies?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Heart condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Asthma?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Epilepsy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Rheumatic fever?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other existing medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Allergies?	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes																				
Heart condition?	<input type="checkbox"/> No			<input type="checkbox"/> Yes																				
Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes																						
Asthma?	<input type="checkbox"/> No	<input type="checkbox"/> Yes																						
Epilepsy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes																						
Rheumatic fever?	<input type="checkbox"/> No	<input type="checkbox"/> Yes																						
Other existing medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes																						
Contact Person's CELL Telephone Number (area code required): 321-537-1440																								
Name of Family Physician: Physician's Telephone Number: Dr. Gilbert Fortus 321-725-4500																								
Name of Insurance Company: Cigna BPS health Plan																								
Name of Insured: Jeffrey A. Frahm																								
Insured's Plan Number: U02904175 01		Participant: Are you taking medication? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																						
Insured's Group Number: 3308496		if "yes," please attach description on separate sheet.																						
Insurance Company's Telephone Number for Member Services: 800-244-6224		Participant: When did you last have a tetanus shot?																						
Insurance Company's Telephone Number for Precertification:		Check "yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). We will contact you for further information. <input type="checkbox"/> Yes																						
If participant does not have any medical insurance, check here: <input type="checkbox"/>																								

4
Check the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

PARTICIPANTS — CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST: <input checked="" type="checkbox"/>	PARENT/GUARDIAN — CHECK HERE TO ATTEST FOR PARTICIPANT: (MANDATORY IF PARTICIPANT IS UNDER AGE 18) <input type="checkbox"/>
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SkillsUSA National Leadership and Skills Conference

6/23/2014 - 6/27/2014

REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

You must wear your name badge *at all times* during the conference.

1
Complete this entire section. Participant's home address is required. Do not use school address as home address. E-mail address is required. Pre-conference information will be sent electronically.

SkillsUSA State Association: FL		Parents'/Guardians' Names (if participant is under age 18): Greg and Lynn Howard	
Check one: <input checked="" type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College/Postsecondary Division		Parents' Telephone Number (area code required): 321-271-8202	
Participant's Name (First, Last) as it should appear on name badge: Dallas Howard		Name of Teacher/Adult accompanying participant to conference, if applicable: Jeff Frahm	
Participant's HOME Address: 2197 King Richard Rd		Name of SkillsUSA Advisor for participant's occupational area:	
City: Melbourne	State: FL	ZIP Code: 32935	School where participant's occupational training/trade area is taught: Eau Gallie High School
HOME Telephone: 321-259-6186	CELL Phone:	Mailing Address of above school: 1400 Commodore Boulevard	
Age: 16	Date of Birth: 2/23/1998	Check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	City: Melbourne
E-MAIL address:		State: FL	ZIP Code: 32935
		School Telephone Number (area code required): (321) 242-6411	

2
Contestants

Also Attending:		Contest(s) in which competing: Power Equipment Technology	
Reg. Type: Contestant			
Graduation Year: 2016			
T-Shirt Size: Large			
Occupational Training/Trade Area in which Contestant is enrolled: Marine Service Technology			
Delegate? <input type="checkbox"/>			
Officer Candidate? <input type="checkbox"/>			

3
Medical and Insurance Information. Complete this entire section.

Participants should carry a copy of their insurance card at all times during the conference. If the participant doesn't have insurance, check where noted.

Name of Person to Contact in Event of Emergency: Greg Howard - Lynn		Name of Person Responsible for Participant's Medical Bills: Lynn Howard																						
Contact Person's HOME Telephone Number (area code required): 321-271-8202		Participant's Relationship to Person Responsible for Medical Bills (example: son, daughter): Son																						
Contact Person's WORK Telephone Number (area code required): 321-259-6186		Participant: Do you have a history of (check all that apply): <table style="width: 100%; border: none;"> <tr> <td>Allergies?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Heart condition?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Diabetes?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Asthma?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Epilepsy?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Rheumatic fever?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>Other existing medical conditions?</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table> If "yes," please explain:		Allergies?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Heart condition?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Asthma?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Epilepsy?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Rheumatic fever?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Other existing medical conditions?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Allergies?	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes																				
Heart condition?	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes																				
Diabetes?	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes																				
Asthma?	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes																				
Epilepsy?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes																						
Rheumatic fever?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes																						
Other existing medical conditions?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes																						
Contact Person's CELL Telephone Number (area code required): 321-271-8202																								
Name of Family Physician: Dr. Hagloch																								
Physician's Telephone Number: 321-984-																								
Name of Insurance Company: Cigna																								
Physician's Telephone Number: 1333																								
Name of insured: Lynn Howard		Participant: Are you taking medication? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																						
Insured's Plan Number: U4216831204		If "yes," please attach description on separate sheet. Azithromycin 250mg																						
Insured's Group Number: 3308496		Participant: When did you last have a tetanus shot? For school																						
Insurance Company's Telephone Number for Member Services: 800-244-6224		Check "yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). We will contact you for further information. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																						
Insurance Company's Telephone Number for Precertification: Same																								
If participant does not have any medical insurance, check here: <input type="checkbox"/>																								

4
Check the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Loud Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

PARTICIPANTS — CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST:

PARENT/GUARDIAN — CHECK HERE TO ATTEST FOR PARTICIPANT: (MANDATORY IF PARTICIPANT IS UNDER AGE 18)

Member Search



[Main](#)

[Membership](#)

[Conference](#)

[Help](#)

[Logout](#)

This page lists ALL members in the school, providing an easy way to search for specific members and verify that you don't have anyone listed twice. To search for a member, enter any part of their name in the Search box below and click 'Search'. You can also sort this grid by clicking any column heading.

School/Chapter:

Eau Gallie High School

1803

Search:

Training Program	First Name	Last Name	Type	Division	CreatedOn	JoinedOn
Drafting						
Marine Service Technology	Jeff	Frahm	Prof.	High School	10/6/2011	1/31/2014
Marine Service Technology	Jared	Hepworth	Student	High School	10/30/2013	1/31/2014
Marine Service Technology	Dallas	Howard	Student	High School	10/30/2013	1/31/2014
Marine Service Technology	Cody	Kanazeh	Student	High School	11/21/2013	1/31/2014
Marine Service Technology	Bob	Koss	Student	High School	11/21/2013	1/31/2014
Marine Service Technology	Patryk	Panos	Student	High School	10/30/2013	1/31/2014
Marine Service Technology	Lance	Parker	Student	High School	1/15/2014	1/31/2014
Marine Service Technology	Conner	Youngkin	Student	High School	10/30/2013	1/31/2014

Page: 1