

REQUEST FORM
FOR
FCCLA STATE EXECUTIVE COUNCIL PARTICIPATION
(Duplicate Form as Needed)

Mail, Email or Fax to the State FCCLA Office, denise.morris@careertech.ok.gov Fax #405-743-6809 Request must be made at least two weeks prior to event.

Name of contact person: _____

Contact's email address _____

School Name: _____

Address: _____

City/State/Zip: _____

School Phone () _____ **Home Phone** () _____ **FAX** () _____

Name of meeting: _____ **Region** _____ **District** _____

Date: _____ **Arrival Time:** _____ **Meeting times:** _____

Officer responsibilities:

_____ **give greetings for** _____ **minutes**

_____ **speak for** _____ **minutes on (Topic)** _____

_____ **install officers**

_____ **workshop (topic)** _____

_____ **other (Please specify)** _____

Location of event and directions: _____

Appropriate dress: _____ **official dress** _____ **other (please specify)** _____

_____ Roundtrip mileage at .45 cents per mile will be paid to the council member. Mileage will be paid to chapter adviser when the adviser uses his/her own car. Mileage is not paid when a school car is used unless the school requests the mileage be paid to the school.

_____ Lodging will be provided if an overnight stay is required.

_____ Council members traveling during a mealtime will be reimbursed for the meal at the state rate or provided a meal by the requesting chapter/district/region. (Breakfast - \$7.00, Lunch - \$10.00, Dinner - \$15.00)

OFFICE USE ONLY:

Name of FCCLA SEC Member Assigned: _____