

TOC FORM 1
State FFA Tractor Operator's Contest

Due In State Office By: August 15th
Send to: State FFA Office

Chapter And District Entry

Part A: To be completed by the Chapter Advisor for each chapter member selected to represent the district in the State Contest. It is to be given to the District Advisor, who is responsible for completing Part B and forwarding this form to reach the FFA Office on or before August 15th.

School _____

Name Of Contestant _____

Address _____

City _____ *Zip* _____

Parent's Name _____ *Telephone No.* _____

Years Of Ag Ed Completed _____ *FFA Degree Held* _____

This is to certify that the above named individual is eligible to represent our Agriculture Education Department in this state activity if he or she is named to represent our district.

Agriculture Education Instructor

Date

Part B: *The District Advisor is responsible for completing Part B for each member selected to represent his or her district and have it in the State Office on or before August 15th.*

I certify that the above FFA member is one of _____ selected to represent our district in the State FFA Tractor Operator's Contest.

FFA members from _____ chapters took part in our district contest. Farm Bureau members did/didn't cooperate in holding the contest. (circle one)

If a district contest was not held, indicate below or on the back of this form how the above district representatives were selected.

_____, *District FFA Advisor of* _____ *District.*