

**EVENT ENTRY FORM**  
**LOCAL MARKET SHARE AWARD**

School Name \_\_\_\_\_ Region \_\_\_\_\_

Chapter # \_\_\_\_\_

School Address \_\_\_\_\_

Primary Adviser Name \_\_\_\_\_

Primary Adviser E-mail Address \_\_\_\_\_

Chapter President Name \_\_\_\_\_

Chapter President E-mail Address \_\_\_\_\_

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Adviser Signature

Date Form Completed

Total School Enrollment  
(grades 9-12 figures only):

\_\_\_\_\_

Total Number of Members in the Chapter:

\_\_\_\_\_

Percentage Population (see guidelines):

\_\_\_\_\_ %

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divide your chapter membership by total school enrollment in grades 9-12; display % to two decimal places

**RECEIVED BY Date for Submission:**

February 4, 2012

**Send Materials to:**

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PA FBLA Executive Director  
P.O. Box 5085  
Jersey Shore, PA 17740  
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e-mail: bboncal@pafbla.us

**Important Information:**

Local chapters must submit the appropriate form to the national office to be considered for the Local Market Share Award.