

FUTURE BUSINESS LEADERS OF AMERICA

Pennsylvania State Chapter

Return form by email in PDF format or fax to:
570.398.4652
Mr. Bruce E. Boncal, PA FBLA Executive Director
bboncal@pafla.us
Deadline: May 22, 2019
DO NOT mail the forms.
Students are to return the form to chapter advisers, not the state office.

Advisers' and School District Administration Contact Information

In the event of an emergency at the National Leadership Conference, the state chapter will provide this information to emergency personnel; medical personnel; and law enforcement (if necessary).

As part of our emergency procedures, PA FBLA requires each chapter to submit the following forms to the **PA FBLA Executive Director** **prior to** the National Leadership Conference. This form will facilitate a proper response to an incident and will enable PA FBLA to keep school officials and parents informed of events that have taken place. This form contains emergency contact information for each adviser/guest/chaperone traveling with PA FBLA. It also contains school administration contact information.

1. Adviser's Form to Accompany Student Permission Forms (one copy per chapter)
2. Student Permission Forms Signed by the Parent (one copy per student)

These forms must be submitted to the **PA FBLA Executive Director** **emailed as PDF files or faxed to 570.398.4652** **no later than May 22, 2019**. This contact information is kept confidential and will only be used in the event of an emergency.

Adviser Contact Information (all information must be complete for your chapter to attend the National Leadership Conference)

School Name: _____ **Region:** _____

List the names and emergency contact information for all advisers/guests/chaperones attending the PA FBLA NLC; add additional advisers on a separate form.

Adviser 1 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 2 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 3 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 4 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Administrative Contact Information:

School Principal Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School Assistant Principal Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____