

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 _____

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 6, 2010

Send Materials to:

Mr. Bruce E. Boncal
PA FBLA Executive Director
P.O. Box 5085
Jersey Shore, PA 17740
Fax: 570.398.1204
e-mail: pafbla@comcast.net

Important Information:

The state office will automatically submit a Market Share Award to the national office for every state form received. Local chapter advisers will not need to submit the form to the national office.