

Confirmation of Attendance at State LifeSmarts Competitions

Team Name: ______ Varsity ______ JV _____ Varsity ______

School Name: ______

Each team member must be marked in one category: **PF**-Personal Finance, **CRR**—Consumer Rights & Responsibilities, **HS**—Health and Safety, **T**—Technology, **E**—Environment. If no alternate member—leave that line blank. Indicate shirt size for all. List any food allergies for each member for food planning. A complimentary lunch is provided to all team members and coaches. Each team member, alternate and coaches will receive a state t-shirt for free. No extras are ordered unless you indicate and pay as noted below. Please indicate below if you need to purchase additional meals and/or t-shirts (cost is \$17 per shirt).

Team Captain:	Category:	Shirt size:	_ Allergies:	
Team Member:	Category:	Shirt size:	Allergies:	
Team Member:	Category:	Shirt size:	Allergies:	
Team Member:	Category:	Shirt size:	Allergies:	
Team Member:	Category:	Shirt size:	Allergies:	
Coach name:	E-mail:			
Coach cell #:	Shirt Size:	Allergies:		
Asst. Coach name:	E-mail:			
Asst. cell #:	Shirt Size:	Allergies:		
Will you have a bus driver in attendance	e for meal purposes: Ye	es No		
# of ADDITIONAL t-shirts needed at the Purchase orders and credit cards are no FCCLA.			nese items payable to	o: Missouri

Our LIFESMARTS team will be in attendance on Tuesday, February 13 for Junior Varsity/Wednesday, February 14 for Varsity at First Mid Bank in Jefferson City, MO.

Coaches Signature

School Administration Signature

Send this form by e-mail to molifesmarts@dese.mo.gov no later than Tuesday, January 23, 2024 to be eligible.