

Confirmation of Attendance at State LifeSmarts Competitions

Team Name:		JV Varsit	ty School
Name:			
HS —Health and Safety, T —Tech size for all. List any food allergion members and coaches. Each te	nnology, E —Environment. If no es for each member for food p am member, alternate and coa d pay as noted below. Please in	o alternate member- lanning. A complime aches will receive a s	Consumer Rights & Responsibilities, —leave that line blank. Indicate shirt entary lunch is provided to all team tate t-shirt for free. No extras are need to purchase additional meals
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 att	endance for meal purposes: Y	es No	
# of ADDITIONAL t-shirts neede Purchase orders and credit card FCCLA.			these items payable to: Missouri
Our LIFESMARTS team will be in Bank in Jefferson City, MO.	n attendance on December 2,	2025 for Junior Varsi	ity/Varsity competition at First Mid
Coaches Signature School Adm	inistration Signature		

Send this form by e-mail to molifesmarts@dese.mo.gov_no later than November 7, 2025 to be eligible.