CMG section b: forms

# PERMISSION FORM INFORMATION

All Advisors must complete the Statement of Compliance & Advisor Rules and Responsibilities – Form B. Form B will be signed electronically by the advisor and a school administrator. The purpose of this form is to ensure that all chapters have the required signed Comprehensive Consent Forms (Form A), Medical Forms, and other permission forms for each member attending DECA Events. VA DECA will not collect these forms.

Both the Comprehensive Consent Form (Form A) and the Medical History Form, complete with all required information and signatures, must be collected by the advisor for each DECA member prior to attending any district, state, or international DECA function.

* The original forms must be on file in the local school and must be retained for one calendar year.
* The DECA Chapter Advisor must have available a copy of the form at ***each*** district, state, and international function.
* **The Comprehensive Consent Form (Form A) and the Medical History Form do not replace the completion of forms required by the local school/division**. Neither does the completion of local school/division forms substitute for the completion of the Comprehensive Consent Form (Form A) or the Medical History Form.
* The completion of these forms is mandatory for a student's participation in district, state, and international DECA functions.
* **The DECA Inc Attendance Form must also be completed for all participants at ICDC**. This form will be sent to advisors once it is made available from DECA Inc.

# REGISTRATION FORMS CHECKLIST

Copies of the following forms must be submitted with conference registration materials:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Comprehensive Consent** | **Medical History** | **Substitute Chaperone Form** |
| **Non-teacher Chaperone** |  |  | x |
| **Teacher of student** | X | x |  |
| **Student** | X | x |  |

## criteria for an acceptable chaperone:

* Each chaperone must be 21 or older.
* For a DECA related event that includes overnight lodging, each chaperone must be staying overnight at the same hotel as the students for which they are responsible.

If your chaperone does not meet these requirements, they may not be included as part of your chaperone requirement.

### **Virginia DECA Comprehensive Consent Form – FORM A**

|  |  |
| --- | --- |
| School/Division/District | Student Name |
| Chapter Advisor | Student Home Phone |

Requirements: This form, complete with all required information and signatures, must be on file for each DECA member prior to attending any district, state, or international DECA function. The original form must be on file in the local school and must be retained for one calendar year. Additionally, the DECA Chapter Advisor must have copy of this form on site at each DECA event or conference. Completion and signing of this document indicates the student, parent or guardian, and school administrator have read this form and approve its contents. Completion and signing of this document provides consent for:

1. Student travel, to and from, and attendance at conferences/activities specified below

2. Emergency medical treatment 3. Student abiding by Conduct Code

4. Student abiding by Dress Code 5. Waiver of Liability

**Philosophy:** It is a privilege and honor for a student to attend district, state and international DECA functions. As such, each student represents his/her school, community and family as a young, business professional. Students are expected to follow all Rules and Regulations stated herein. In cases of uncertainty, the student should confer with his/her advisor or chaperone prior to acting, since lack of knowledge of rules is not an acceptable excuse. Teachers, chaperones, state staff, and the district advisor assume responsibility of enforcing Rules and Regulations to ensure, to the greatest degree possible, the safety and well-being of the student.

**Conferences:**  Consent and approval indicated by the signing parties are applicable to the following activities:

1. Fall Competition Training Conference 2. DECA District Leadership Conference

3. DECA Power Trip 4. VA DECA State Leadership Conference (SLC)

5. International DECA CDC 6. State Officer Leadership Training (ELS)

7. State Officer Planning Meetings 8. Officer Leadership Retreat

9. Other Workshops and Activities sponsored by VA DECA

**Medical Consent**: I, as indicated by my signature below, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian Relationship of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Age

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Home Address Home Phone

(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize in advance any necessary medical treatment required Emergency Phone

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while traveling to and from and while attending all VA DECA functions.

Student Name

**Travel and Attendance:** I, as indicated by my signature below, give my son/daughter permission to travel to/from and attend the conferences/activities referenced on this form.

**Conduct Code:** We, as indicated by our signatures below, have read and will abide by the Dress and Conduct Code appearing on the reverse side of this form.

\*\*\*Students and Parents. By signing here, the student and parent affirm that they have read the Dress Code and the Conduct Code in their entirety and understand the violations and resulting penalties.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name (Student) Signature (Student) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name (Parent/Guardian) Signature (Parent/Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name (School Administrator) Signature (School Administrator) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name (Chapter Advisor) Signature (Chapter Advisor) Date

(This form continues on the reverse side.)

DRESS CODE

Professional appearance is an important aspect of the overall preparation of DECA members for the business world. Proper dress and grooming are a matter of exercising good judgment; thus, should questions concerning the Dress Code arise, contact your chapter advisor or refer to this form prior to making a decision. Attire listed below is enforced for all conferences. **Students, Advisors and chaperones must follow the dress code.**

1. When appearing before judges and on-stage:
   1. Business suit or sport coat or blazer (jacket is required)
   2. Dress slacks or dress skirt or business dress (skirt length must be to the knee)
   3. Collared dress shirt and appropriate neckwear (necktie, ascot, scarf) or dress blouse
   4. Dress shoes (boat shoes and canvas shoes are unacceptable)
2. DECA General Sessions, Meal Functions, Event Briefing
   1. Business suit or sport coat or blazer (jacket is optional)
   2. Dress slacks or dress skirt or business dress (skirt length must be to the knee)
   3. Collared dress shirt and appropriate neckwear (necktie, ascot, scarf) or dress blouse
   4. Dress shoes (boat shoes and canvas shoes are unacceptable)
3. DECA Business Casual when traveling to a conference with hotel rooms available for change of attire on arrival
   1. Casual slacks (e.g., Dockers), blouse or shirt, socks and casual shoes
   2. Jeans, t-shirts, shorts, pajama bottoms, leggings, and athletic shoes are not included in business casual attire
4. Unacceptable during DECA Activities
   1. Skin-tight or revealing clothing, midriff-baring clothing, swimwear, athletic clothing, leggings or graphic designed hosiery/tights
   2. Clothing with printing that is suggestive, obscene or promotes illegal substances
   3. Unacceptable types of dress shoes include boat shoes, canvas or fabric shoes, flip flops or casual sandals, athletic shoes, industrial work shoes and hiking boots
5. Pool - Proper attire when traveling to and from the pool area or when using the pool
   1. Under no circumstances is pool attire permitted in the lobby or general area except the immediate pool area itself. Robe, t-shirt, shorts or other cover up is required
6. Street - When students are on free time, involved in activities outside those sponsored by DECA or outside the conference agenda.
   1. This does not include travel to and from conference (see above)
   2. Slacks or shorts with appropriate t-shirt or top

CONDUCT CODE

Participation in VA DECA activities provides an opportunity for students (delegates) to interact with business professionals, Virginia DECA supporters, members and the general public. As a result of establishing a positive, professional image, many businesses, civic organizations and individuals provide financial and human resources to DECA and its members. Should you have a question concerning what constitutes acceptable behavior, ask your advisor prior to making a decision. Chapter advisors/chaperones will be responsible for delegates’ conduct. Maintain DECA's reputation! The following Conduct Code is enforced at all DECA functions.

A) Respect for the individual. Delegates shall represent themselves, their chapter, and their state with pride and professionalism at all times.

a. Delegates must not dress or behave in a manner that can be interpreted as sexually explicit.

b. Delegates shall not exhibit acts of fighting, rudeness or insubordination.

c. Delegates shall not exhibit dishonesty of any kind to include cheating, plagiarism, and lying.

B) Respect for property. Any damage to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible.

a. There shall be no defacing of public property

b. There shall be no damaging or stealing public or private property.

c. There shall be no throwing of any objects from a hotel window, balcony, or vehicle.

C) Respect for visitors, guests and other attendees.

a. Delegates shall refrain from using inappropriate or profane language at all times.

b. Delegates shall refrain from verbal, physical or sexual harassment, hazing or name-calling.

c. Delegates shall respect the rights and safety of other hotel guests.

D) Respect for governing laws, policies and procedures.

a. National, State, Local Laws. Delegates shall not violate any city, state, or federal law

i. Delegates shall not be found in possession of, consuming, transporting, or consumption, transporting or purchasing of any alcoholic

beverage or illegal drug, narcotics, drug paraphernalia, or weapons in any form at any time under any circumstances.

ii. Use of tobacco products, juuling, vaping and other inhalants by delegates is prohibited at all DECA functions.

iii. Delegates shall refrain from gambling – paying cards, dice or games of chance for money or other things of value.

b. Conference Policies and Procedures

i. While at the conference or event:

1. Delegates must wear identification badges at all times.

2. Delegates must adhere to the dress code at all times.

3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.

4. Delegates should be prompt and prepared for all activities.

5. Delegates should be financially prepared for all activities.

6. Delegates are required to attend all sessions and activities assigned including workshops, competitive events, committee meetings, etc., for which they are registered unless engaged in some specific assignment scheduled at the same time.

ii. While in the designated conference lodging:

1. No delegate shall leave the hotel/lodging (except for authorized events) unless permission received from the chapter advisor(s).

2. There shall be no males in female room or females in male rooms at any time; including practicing.

3. Delegates shall not invite or have unregistered individuals in your hotel room or at a conference activity.

4 .Delegates will spend nights at their assigned hotel/lodging location and in their assigned room. No guests allowed during curfew hours. Delegates will be quiet at curfew.

5 .Delegates shall not disturb other hotel guests by excessive noise, door slamming, etc. resulting in a complaint to hotel management.

6. Curfew will be enforced. Curfew means the delegate will be in his/her assigned room.

**CONSEQUENCES**

If a delegate (student) is found in violation of the code of conduct, consequences may be applied at the discretion of the Virginia DECA State Advisor or designee in consultation with the chapter advisor. The final decision shall be made by the State Association Advisor. **With any violations of the VA DECA Code of Conduct the chapter advisor MUST contact the DECA State Advisor immediately.** The parent or guardian, school official, and local authorities as appropriate will be notified.

1. Participation: Expulsion from the conference, forfeiture of awards, scholarship, grants and future opportunities to participate in VA DECA activity for a period of no less than six months. Students and parent/guardian must immediately arrange and pay for alternative travel plans to return home.
2. Financial Consequences: Any charges/fines resulting from the actions of a delegate will be the responsibility of the student and/or chapter. This includes but is not limited to: hotel damage, conference center property, supplies and materials provided by VA DECA, vandalism, etc. Students shall refund any funds provided by VA DECA supporting participation in the conference or activities.
3. Other penalties at the discretion of the advisor, chaperone, school official, or state/DECA staff.

Please PRINT

### Medical History

**(Each student and adult must complete and submit this form.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | | Chapter Name |
| Home  Address | | | |
| Street City State ZIP | | | |
| Home phone ( ) | | | Date of birth |
| Doctor's name | | | Phone ( ) |
| **Subscriber's Name**  (person who has insurance policy) and **subscriber's ID No**. | | | |
| Address | | | |
| Employer | | | Phone ( ) |
| **Father's Name** (if different from subscriber) | Job Title | | |
| Work address | | | |
| Employer | | | Phone ( ) |
| **Mother’s Name** (if different from subscriber) | Job Title | | |
| Work address | | | |
| Employer | | | Phone ( ) |
| Student's health insurance coverage (***Please include a copy of both sides of your insurance card***.) | | | |
| Insurance company | Policy No. | | |
| Allergies | | | |
| If there is any need for over the counter or prescription drugs, please attach a note to this form. | | | |
| If a parent /guardian cannot be reached in case of an emergency, contact the following person: | | | |
| Name | | Phone ( ) | |
| Parent/Guardian Signature | | | |

**A picture containing clipart

Description automatically generatedForm B Statement of Compliance**

**SAMPLE: This form will be completed electronically – Do NOT Complete this paper form. Link will be sent to advisors in August.**

**and Advisor Rules and Responsibilities**

**Due September 27, 2019**

School Advisor

I, , understand the Advisor Rules and Responsibilities and have a properly completed and signed Virginia DECA Comprehensive Consent Form (**Form A**) on file for each member/delegate who will attend any DECA activities:

By signing, I also indicate that I will have the Virginia DECA Comprehensive Consent forms **(Form A)** and Medical Form in my possession for the duration of the activity, including travel to and from the activity. I understand the following:

1. Virginia DECA will not collect Virginia DECA Comprehensive Consent forms (Form A), ICDC Attendance Permission Form or Medical Form.
2. The Virginia DECA Comprehensive Consent form (Form A) and Medical Form, when properly and totally completed, provide the best protection for my member’s/delegates’ medical needs and my liability during the DECA activity.

**Advisor Rules and Responsibilities**

Please obtain signatures from all individuals listed on page 2, as an acknowledgment of your responsibilities. Advisors who have not submitted a completed Form B prior to the date conference registration opens, the chapter will be blocked from registering until the form has been submitted. This form is required one time per year. If there are any questions about this form and its required signatures, please contact Donna Dail at dail.vadeca@gmail.com.

In addition to completing and submitting this document, you are responsible to ensure that you, your students, and your appointed chaperone(s) understand and complete Form A (Virginia Comprehensive Consent Form) and adhere to the Virginia DECA Code of Conduct.

To that end, the following responsibilities apply:

* 1. The DECA advisor will have a signed Virginia DECA Comprehensive Consent form (Form A) on file and in their possession for each member/delegate, including chaperones, attending any DECA activity. Members/Delegates for whom the DECA advisor has a Form A on file have permission to attend and represent their school and will abide by the conduct policies established by Virginia DECA.
  2. The DECA advisor will ensure that any available hotel service, such as a mini-bar or snacks for purchase, is not available to their delegates.
  3. The DECA advisor will ensure their delegates have the ability to contact them immediately, at any hour, during the event.
  4. The DECA advisor will follow established district guidelines and/or conduct a reasonable search of the students’ room(s) to ensure there is no alcohol, drugs or prohibited substances (including vaping devices) present.
  5. The DECA advisor will verbally remind all member/delegates of their commitment to the policies stated in the Virginia DECA Comprehensive Consent form (Form A), a copy of which must be signed by each member/delegate, the student’s parent or appointed guardian, and the advisor. Upon violation of any of the Code of Conduct, the State Association Advisor, in consultation with the Advisor will determine the consequence to the violating member/delegate(s),to include being sent home immediately losing eligibility to attend any other state, regional, or international conference or event if the situation warrants.
  6. The DECA advisor will ensure their appointed chaperone(s) are present for the entire Virginia DECA event.
  7. The DECA advisor and/or their appointed chaperone(s) will conduct room checks for each delegate room at or near the event curfew. The advisor must ensure that all members/delegates are accounted for and are reminded they must remain in their appointed hotel room. In the event of an emergency, members/delegates are to contact the advisor or their appointed chaperone.
  8. The DECA advisor will be available to work with event security, hotel security, or Virginia DECA staff in the event of an issue or disturbance requiring entry into a hotel room containing their members/delegates or any other interaction with one of their members/delegates.
  9. The DECA advisor will immediately report any violations of the Virginia DECA Code of Conduct to the State Association Advisor.
  10. At no time are the advisor or the event chaperone(s) allowed to consume alcohol while attending a DECA event.
  11. In addition to these advisor rules and responsibilities, the advisor must comply with their district and school policies when attending DECA events.

Advisors must share this document with all their chaperone(s) to ensure they are familiar with Virginia DECA procedures.

**I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated above, in addition to the Virginia DECA Code of Conduct, as indicated by my signature appearing below.**

Date Advisor Signature

Date Principal or School Division Designee Signature

**Please complete via DocuSign on or before September 27, 2019 for the 2019–2020 school year.**

### Substitute Chaperone Agreement (for chaperones in the absence of an Advisor)

**(Please print or type all information.)**

|  |
| --- |
| **Chaperone's Name** |
| **Chaperone's School** |
| I, , agree to chaperone: |
| at the: in: |
| (name of conference) (location and date) |
| **I will be responsible for the above named-student's welfare during travel to the conference, the conference, and travel from the conference.**  **Chaperone signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **We understand the responsibilities of the chaperone named above and will abide by decisions made in the interest of the student and Virginia DECA.** | |
| **Student's signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Parent/Guardian's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Teacher/Coordinator's signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (Teacher of student) | |
| **Principal's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| (Principal of Student) | |
| **Parent/Guardian's full name** | |
| **Home phone ( )** | **Work phone ( )** |

**Medical Consent**

As indicated by my signature below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chaperone

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Complete Home Address

I hereby authorize in advance any necessary medical treatment required for myself while traveling to and   
from and while attending all Virginia DECA functions, am 21 or older years, and staying overnight at the same hotel as the students for which I am responsible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chaperone Date

### Virginia DECA Incident Report Form

This form should be used and submitted immediately to the DECA Specialist or State Advisor if any violation of the Conduct Code occurs.

**Name of Student in Violation:**

**Name of Student’s School:**

**Name of Student’s Advisor:**

**Contact Number of Student’s Advisor:**

**Statement of Incident** (please be specific including date and time of violation)

This form must be submitted immediately to the DECA Specialist or State Advisor.

A copy of the student’s comprehensive consent form must be attached.

Name of Person Submitting Form: Contact Number:

Signature of Person Submitting Form:

Signature of DECA Specialist or other official: \_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA DECA Use Only:

### VIRGINIA DECA BOARD OF TRUSTEEs recommendation Form

Please forward any questions or recommendations to the Virginia DECA Board of Trustees member who represents your area as listed. Your question or recommendation will be presented for discussion at the next Board meeting. Refer to the website for the Board of Trustees meeting dates.

**NAME**

**DECA DISTRICT**

**SCHOOL**

**ADDRESS**

**TELEPHONE**

**FAX**

**E-MAIL**

**RECOMMENDATION: (Please type):**

***For Board Use:***

***Received By:***

***Date Response Returned:***

***Response:***

### VIRGINIA DECA DISTRICT REALIGNMENT RECOMMENDATION FORM

DISTRICT ADVISOR NAME

DECA DISTRICT

SCHOOL

ADDRESS

TELEPHONE

E-MAIL

Potential new districts must have a projected membership of 350 – 400.

Please answer the following questions in order to provide a rationale as to why the district needs to be realigned. Please type your response to the following questions and attach it to this form when submitting your request.

1. What are the reasons your district should be realigned?

2. Have all advisors in your district been informed of this request and are in agreement?

3. What is the current district membership? (list by school)

4. How would you realign the district? (please be specific including school names, projected membership for the next school year)

5. What are the benefits of realigning your district as presented? How do you anticipate the realignment will affect your district competition?

Submit to VA DECA Board of Trustees Representative or VA DECA Specialist

*For Board Use:*

RESPONSE

Virginia DECA Membership Inquiry Report Form

This form should be used and submitted to the DECA Specialist or State Advisor by an advisor who would like to request that membership eligibility be verified for a school or competitor. The DECA Specialist or State Advisor will determine the appropriate action (if any) to be taken. Possible actions may include: request class roster from the school in question, request a particular student class schedule, discussion with the school/advisor in question, no action.

**Name of School in Question:**

**Name of Student in Question (if applicable):**

**Name of Advisor from School in Question:**

**Statement of School Requesting Inquiry** (please be specific including details that lead you to question the membership eligibility of a student (s). This should NOT be a vague statement like “they always win” or “I don’t trust them”.)

Name of Person Submitting Form: Contact Number:

Signature of Person Submitting Form:

Signature of DECA Specialist or other official: \_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA DECA Use Only: