

FORMS



**NORTH DAKOTA FBLA
PARENT OR GUARDIAN PERMISSION FORM, MEDICAL AND MEDIA RELEASE**

NORTH DAKOTA FBLA MEDICAL RELEASE

Name of FBLA Member	
Address	City/State/Zip
Chapter	Date of Birth
Name of Insurance Company	Policy Number
Known drug allergies	Cell Phone Number
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician.	

MEMBER OBLIGATION

I have read the Code of Conduct/Dress Code for North Dakota FBLA. While attending any FBLA Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association. I will follow policies of the conference, school, and the North Dakota High School Activities Association.

Cell Phone: _____

Signature of Business Student / FBLA Member

Home Phone: _____

PARENT or GUARDIAN OBLIGATION

I, the parent/guardian of the above-named student have read the Code of Conduct/Dress Code and agree to the policy of the organization. I permit the adult advisers/chaperones to routinely check member's room to insure that students adhere to policies established by FBLA and the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless, FBLA, the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Cell/Home
Phone: _____

Signature of Parent/Guardian

Work Phone: _____

MEDIA PERMISSION

We authorize Career and Technical Student Organizations and FBLA to distribute for publication the above member's name and/or picture and any results (examples would include: printed publications, web pages, social media, radio, etc. of leadership activities or competition, etc.).

Signature of Participant

Signature of Parent/Guardian

**This form is for your use. Bring it with you to the conference.
DO NOT SEND IT TO THE STATE OFFICE.**



School Name and City	Adviser's Signature
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Check level for which you are applying: Gold Level Silver Level Bronze Level

Gold Level—complete six (6) Level I activities and ten (10) Level II activities.

Silver Level—complete five (5) Level I activities and eight (8) Level II activities.

Bronze Level—complete four (4) Level I activities and six (6) Level II activities.

All activities must be completed from the end of the previous State Leadership Conference until March 1 of the current year. **Documentation must accompany the entry form.** All items submitted become the property of the ND State Chapter of FBLA and will not be returned. Chapter activities may only be used once when selecting activities. Activities can be done in person or virtually as guidelines apply to social distancing.

Level I Activities

1. Pay initial state and national dues of \$10 per member by October 20.
2. Submit Local Chapter Annual Business Report for state competition.
3. Submit online Chapter Check-In forms on three separate months for publication on the North Dakota FBLA website.
4. Chapter attends the Learn to Lead (fall virtual leadership event).
5. Recruit or renew at least two paid Professional Division members. **Attach list of names.**
6. At least 20% of members complete one or more levels of the Business Achievement Awards Program. **Attach list of students and which level was completed.**
7. Chapter completes Chapter Challenge programs (Super Sweeps, Non-Stop November, and Action Awareness/On the Road to Nationals). **Attach submission confirmations.**

Level II Activities

8. Submit an article to FBLA-PBL national publication. **Attach copy of article or submission form.**
9. Conduct a public relations program in the school and community and document the activities with newspaper clippings OR reports of radio/TV coverage. **Attach copies of documentation.**
10. Qualify for the North Dakota Membership Achievement Award.
11. Have a candidate run for state office.
12. Attend the National Leadership Experience 2020.
- ~~13. Attend the National Fall Leadership Conference. **Attach a copy of registration.**~~
14. Include a businessperson or a Professional Division member in a chapter activity. **Attach a description of name, position, and activity.**
15. Attend a business tour. **Attach a description of business name and activity.**
16. Include a school official/administrator in a chapter activity. **Attach a description of name, position, and activity.**
17. Submit American Enterprise Project for state competition.
18. Submit Business Financial Planning Project for state competition.
19. Submit Business Plan for state competition.
20. Submit Chapter Activities Scrapbook-Digital for state competition.
21. Submit Community Service Project for state competition.
22. Submit Project Awareness for state competition.
23. Submit Partnership with Business Project for state competition.
24. Chapter member(s) participate in a job shadow experience. **Attach a short description.**
25. Secure a corporate sponsorship. **Attach a copy of sponsorship form. (Form found in Forms section)**
26. Good Neighbor – charter or reactivate a chapter. **Attach copy of verification form. (Form found in Forms section)**
27. Chapter has a majority of members participate in Professional Dress Day on three separate months. **Attach copy of verification form(s). (Form found in Forms section)**
- ~~28. At least one (1) chapter member completes Membership Madness or Membership Mania. **Attach copy of national confirmation form(s).**~~
29. Hold a March of Dimes fundraiser. **Attach a description of activity and copy of check or credit card receipt to/from the March of Dimes**
30. Hold an American Heart Association fundraiser. **Attach a description of activity and copy of check or credit card receipt to/from the American Heart Association**

31. At least 20% of members complete one or more levels of the Community Service Awards. **Attach list of students and which level was completed.**
32. Have a chapter website or social media account. Submit URL to state webmaster prior to submission of this application so that there is also a link on the state Web site. Information must be from the current school year.
33. Recruit or renew an additional five paid professional division members. (This is in addition to the two professional members recruited in Level I.) **Attach list of names.**
34. Plan and carry out activities designed to celebrate FBLA-PBL Week. **Attach a list and description of activities.**
35. Have a ND FBLA state officer visit your chapter in person or by video conference and provide information or assistance at a chapter meeting or event. (State officers may not visit their own chapter) **Attach a short description of visit.**
36. Have a ND PBL state officer, former ND FBLA state officer, or Alumni member visit your chapter in person or by video conference and provide information or assistance at a chapter meeting or event. **Attach a short description of visit.**
37. Conduct a local officer installation ceremony. **Attach a short description of activity.**
38. Hold a chapter/member recognition event. **Attach a short description of activity.**
39. Nominate a chapter member for the Member of the Month recognition on at least three separate months. **Attach a list of the names of members nominated.**
40. Conduct a School Board presentation. **Attach a short description of the presentation.**
41. Chapter completes two out of three Chapter Challenge programs (Super Sweeps, Non-Stop November, and Action Awareness/On the Road to Nationals). **Attach submission confirmations.**

APPLICATION INSTRUCTIONS FOR MAIL:

1. Check the level box for which level your chapter is applying for.
2. Indicate on the application which activities were completed – circle or highlight.
3. Chapter activities may only be used once when selecting the activity number.
4. Supporting documents must be labeled by writing or typing the activity number on the page. (Please no sticky notes)
5. Activity descriptions must be typed.
6. Compile your supporting documents in order.
7. Postmark form, along with supporting documents, by designated date to:

Linda Kuntz
 Dept. of Career and Technical Education
 600 East Boulevard Ave., Dept. 270
 Bismarck, ND 58505-0610
 lkuntz@nd.gov

APPLICATION INSTRUCTIONS FOR ONLINE FORM:

1. Check the level box for which level your chapter is applying for.
2. All documentation should be saved as PDF files.
3. Chapter activities may only be used once when selecting the activity number.
4. Activity descriptions must be typed.
5. Submit online form (<https://ndfblapbl.wufoo.com/forms/go-for-north-dakota-gold/>) by designated date.



North Dakota Good Neighbor Verification Form

Chapter _____

This form verifies that members of the _____ High School chapter of FBLA have adopted _____ High School in order to charter/reactivate the school into FBLA membership. This form verifies that all **Terms of Adoption** were fulfilled, and the adopted school has chartered or reactivated with a minimum of five members by mailing dues to the national FBLA office. The chapter adviser and president of both the established chapter and the adopted chapter must sign this form.

Please provide the following information:

Date adopted chapter was first contacted _____

Date chapter installation ceremony was performed (**mandatory**) _____

Dates and types of activities conducted to assist adopted school:

Date	Type of Activity

President/established chapter Date Adviser/established chapter

President/adopted chapter Date Adviser/adopted chapter

Postmark, or Email this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
lkuntz@nd.gov

You should also complete the FBLA-PBL Good Neighbor form for national recognition:
<http://go.fbla.org/goodneighbor>



Corporate Sponsorship Form

Name of Company Representative:		Name of Business:	
Address:		City, State:	ZIP:
Phone:		Fax:	
E-mail Address:			
Name of Competitive Event Sponsored:		Amount:	
1 st Choice:		\$	
2 nd Choice:		Make check payable to North Dakota FBLA	

Will a representative of this business be present at the State Leadership Conference to present the award?

Yes No

If yes, please list name: _____

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session.

Signatures:

Representative of Business:	Date:
North Dakota FBLA Representative:	Date:

Postmark, along with check, by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
lkuntz@nd.gov



Professional Dress Day Verification Form

Professional Dress Day is designed to teach members about professional business attire, as defined by the FBLA Dress Code. Chapters who have a majority (51%) of their members wear professional dress to school in three separate months prior to the submission deadline, can use this activity to qualify for Go for the Gold, Silver, or Bronze.

School Name and City:

Please fill out the information below. Professional Dress Day must be verified by the chapter adviser.

Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:

Signature of Chapter President:	Signature of Chapter Adviser:
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Attach this form to your chapter's Go for North Dakota Gold application.



FBLA Preconference Test Request

School:	Adviser:
Phone with best time to call:	Fax:
Pre-conference test administrator: (May not be an adviser. You may have more than one test administrator, but all tests will be sent to only one person.)	Mailing address of test administrator:

*****All students must pay registration fee to participate in these events.*****
*****All competitors in the same event must take the test on the same day and time.*****

Event	Names of Competitors <i>(For team events, place names of all team members on same line.)</i>
Future Business Leader <i>Individual event</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Entrepreneurship <i>Teams consisting of 1 - 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
International Business <i>Teams consisting of 1 - 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Marketing <i>Teams consisting of 1 - 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Parliamentary Procedure <i>Teams consisting of 4 or 5 members</i> <i>Team takes tests individually</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Sports and Entertainment Management <i>Teams consisting of 1 - 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1. 2. 3. 4.
Computer Applications <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1. 2. 3. 4. 5. 6.

Continued on next page

Event	Names of Competitors <i>(For team events, place names of all team members on same line.)</i>
Database Design & Applications <i>Individual Event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Spreadsheet Applications <i>Individual Event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Word Processing <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.

Postmark or Email this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 East Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
lkuntz@nd.gov



Hotel Reservation FBLA State Leadership Conference

Hotel	Conference Dates March 28-30, 2021	Mail No Later Than February 15, 2021
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1. A block of rooms has been reserved at several hotels in Bismarck. See list of hotels and rates for this information. **Mail this form directly to the hotel of your choice. No reservation will be made for the conference without this form. Any changes must be made with the hotel.**
2. Arrangements must be made in advance for Direct Billing or payment for the hotel rooms must be paid by the adviser upon checkout with *one check for the entire amount payable to the hotel.*
3. Advisers must be responsible for all students and are expected to be in the hotel overnight.
4. Type entire form.

Name of School	Adviser Responsible
Total number of rooms to reserve	Dates rooms should be reserved <input type="checkbox"/> March 28-29, 2021 <input type="checkbox"/> March 28, 2021 only

	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

Continued
on next
page

DUPLICATE THIS FORM IF ADDITIONAL SPACE IS NEEDED.

		NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.		<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.		<input type="checkbox"/> Double		
	3.		<input type="checkbox"/> Triple		
	4.		<input type="checkbox"/> Quad		

		NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.		<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.		<input type="checkbox"/> Double		
	3.		<input type="checkbox"/> Triple		
	4.		<input type="checkbox"/> Quad		

		NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.		<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.		<input type="checkbox"/> Double		
	3.		<input type="checkbox"/> Triple		
	4.		<input type="checkbox"/> Quad		

		NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.		<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.		<input type="checkbox"/> Double		
	3.		<input type="checkbox"/> Triple		
	4.		<input type="checkbox"/> Quad		

		NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room G	1.		<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.		<input type="checkbox"/> Double		
	3.		<input type="checkbox"/> Triple		
	4.		<input type="checkbox"/> Quad		



**North Dakota FBLA
Code of Conduct**

Student Name (print/type)

School (print/type)

- Fall Leadership Conference State Leadership Conference National Leadership Conference

Advisers: Have each delegate sign a copy. Signed copies must be turned in at FLC and SLC registration, and prior to NLC.

FBLA-PBL Code of Conduct

FBLA-PBL members have an excellent reputation. Your conduct at every FBLA-PBL function should make a positive contribution to extending that reputation. Listed here are rules of conduct for the FBLA Leadership Conferences. All delegates will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisers, or upon FBLA-PBL.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser points during workshops, bodysurfing at dances, etc.)
4. Keep their advisers informed of their activities and whereabouts **at all times**. Accidents, injuries, and illnesses must be reported to the local or state advisers immediately.
5. Observe the curfews as listed in the conference program. Local and state advisers as well as security personnel will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour.
6. Avoid alcoholic beverages and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the delegate to criminal prosecution.
7. Act as guests of the hotel and conference center. Delegates must obey the rules of these facilities. The facilities have the right to ask a delegate or delegates to leave. **Do not throw anything** out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels who have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest room or meeting room floors. Individuals or chapters responsible for damages to any property or furnishings will be responsible for its repair or replacement.

Local advisers are responsible for the supervision of delegate conduct.

Disregarding or Violating the Code of Conduct

Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FBLA-PBL reserves the right to notify law enforcement.

I agree to abide by the Code of Conduct and the Dress Code.

Signed: _____

Parent Signature _____ Date _____

ND FBLA Dress Code

FBLA-PBL members and advisers should develop an awareness of the image one's appearance projects. The purpose of the dress code is to uphold the professional image of the association and its members and to prepare students for the business world.

Appropriate professional attire is required in all conference areas for all attendees—advisers, members, and guests—at all general sessions, competitive events, exhibits, regional meetings, workshops, and other activities unless otherwise stated in the conference program.

Conference name badges are part of this dress code and must be worn for all conference functions. For safety reasons, do not wear name badges when touring.

Professional attire acceptable for official ND FBLA activities include:

ACCEPTABLE

- Business suit with:
 - Blouse
 - Collared dress shirt and neck or bow tie
- Dress pants or skirt with:
 - Blouse
 - Collared dress shirt and neck or bow tie
- Business dress
- Blazer or sweater with dress pants and:
 - Blouse
 - Collared dress shirt and neck or bow tie
- Dress shoes/dress boots with dress socks
- Skirts/dresses at or below the knee

UNACCEPTABLE

- Jewelry in visible body piercing, other than ears
- Denim or flannel clothing of any kind
- Shorts
- Athletic clothing
- Leggings, skinny jeans, or graphic designed hosiery/tights
- Skintight or revealing clothing, including tank tops, spaghetti straps, and mini/short skirts or dresses
- Jumpsuits
- Cargo pants
- Swimwear
- Flip flops or casual sandals
- Athletic shoes
- Industrial work shoes
- Hiking boots
- Boat shoes
- Any canvas or fabric shoes
- Hats
- Clothing with printing that is suggestive, obscene, or promotes illegal substances

No dress code can cover all contingencies, so FBLA-PBL members must use a certain amount of judgment in their choice of clothing to wear. Members who experience uncertainty about unacceptable attire should ask their local or state adviser.