



**DE Association of SkillsUSA**  
**Department of Education**  
**John G. Townsend Building**  
**401 Federal Street, Suite 2**  
**Dover, DE 19901**  
**Michael Fitzgerald, State Advisor**  
**Corinne Stayton, CTSO Specialist**  
**FAX: (302) 739-1780**

## SKILLSUSA CONTEST RESULT SHEET

CONTEST \_\_\_\_\_

Name of Contest

Location of Contest

Date of Contest

**1ST PLACE**

(No ties)

Student's Name and School

Score

**2ND PLACE**

(No ties)

Student's Name and School

Score

**3RD PLACE**

(No ties)

Student's Name and School

Score

PRINT CHAIRPERSON'S NAME

CHAIRPERSON'S SIGNATURE

DAYTIME PHONE NUMBER: \_\_\_\_\_

**PLEASE FAX OR MAIL TO DELAWARE SKILLS-USA STATE OFFICE WITHIN 48 HOURS OF CONTEST COMPLETION.** To break a tie, please use the 1<sup>st</sup> scoring category first, the 2<sup>nd</sup> category second, etc.

**THIS FORM WAS COMPLETED BY (PLEASE PRINT):**

Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

**For Auto Tech, Diesel Equipment, Auto Body, HVAC, and Outdoor Power Equipment ONLY:**

4<sup>th</sup> Place

5<sup>th</sup> Place

Name \_\_\_\_\_

Name \_\_\_\_\_



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## SKILLSUSA CONTEST TEAM RESULT SHEET

CONTEST \_\_\_\_\_  
Name of Contest

\_\_\_\_\_  
Location of Contest

\_\_\_\_\_  
Date of Contest

**1ST PLACE:** \_\_\_\_\_  
(No Ties) Team and/or School Score

**Students' Names:**


**2ND PLACE:** \_\_\_\_\_  
(No Ties) Team and/or School Score

**Students' Names:**


**Please go to Page 2**

**3RD PLACE:** \_\_\_\_\_

(No Ties)

Team and/or School

Score

**Students' Names:**


\_\_\_\_\_  
PRINT CHAIRPERSON'S NAME

\_\_\_\_\_  
CHAIRPERSON'S SIGNATURE

DAYTIME PHONE NUMBER: \_\_\_\_\_

**PLEASE RETURN TO SCORING ROOM UPON COMPLETION; FAX (302-739-1780) OR MAIL TO DELAWARE SKILLSUSA STATE OFFICE WITHIN 48 HOURS OF CONTEST COMPLETION.** To break a tie, please use the 1<sup>st</sup> scoring category first, the 2<sup>nd</sup> category second, etc.

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\_\_\_\_\_

**Date:** \_\_\_\_\_

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