



DE Association of SkillsUSA
Department of Education
John G. Townsend Building
401 Federal Street, Suite 2
Dover, DE 19901
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FAX: (302) 739-1780

SKILLSUSA CONTEST INDIVIDUAL 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 1st scoring category first, the 2nd 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:

4th Place Name _____ 5th Place 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:

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 1st scoring category first, the 2nd category second, etc.

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