

SkillsUSA Wisconsin - Competition Cancellation/Substitution Form

Date: _____

Event: _____

Chapter: _____

Advisor: _____

Advisor Cell: _____

Advisor Email: _____



Please fill out a line for each change that is being made.

If you are just canceling a contestant, and not substituting, then leave the substitute box blank.

Substitute contestants must be official SkillsUSA Wisconsin members.

	CONTESTANT BEING CANCELLED			SUBSTITUTE
	FIRST AND LAST NAME	CONTESTANT NUMBER OR TEAM LETTER	CONTEST NAME	FIRST AND LAST NAME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Advisor Signature: _____ Date: _____

Please ensure this form gets scanned and emailed to jen.reese@skillsusa-wi.org.