APPLICATION FOR CONTEST ADMINISTRATOR CATEGORY SPEBSQSA International Contest and Judging Program

Please type or print the information requested. Send three copies of this form, together with written recommendations from two certified judges in the category to which you are applying, to your District Associate Contest and Judging Chairman.

| Name | | Phone _(|) | [Home] |
|-----------------------|-------------------------------|--|---------------------------------|--------|
| Address | | Phone _(|) | [Work] |
| City | |] | Fax _() | |
| State/Province | Zip Code _ | Chapter _ | | |
| District Y | ears active in SPEBSQS | SA Offices held | | |
| Number of contests a | ttended: District | International | - | |
| Competition experier | nce: | | | |
| Number of contests | Below District Quartet Chorus | District Quartet Chorus | International Quartet Chorus | |
| Date of last contest | | | | |
| Category to which yo | | | | |
| | | judge at least two conte | | ear? |
| telephone numbers, a | | n your suitability for the that is: chorus director, o | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | tain the approval of you | r chapter president. | |
| Signature of applican | t | | Date | |
| Approvals: | | | | |
| Chapter president | | | Date | |
| DACJC | | | Date | |
| Category Specialist | | | Date | |

Application for Contest Administrator Category, (Continued)

| Please describe your background, if any, in the contest and judging program: |
|--|
| Please describe your computer background. How often do you use a computer? What types of applica-tions do you use? |
| Do you own a computer? If so, what kind and with what operating system? |
| Are you or have you ever been a member of Toastmasters? |
| What leadership experience do you have? |
| What other experience or abilities are pertinent to your acceptance as a Contest Administrator applicant? |
| Why do you want to be a Contest Administrator? |
| What is likely to be your biggest challenge in becoming a Contest Administrator? |
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