

**The Sound School Regional Vocational Aquaculture Center**

**FFA Sub Chapter Designation Request**

\_\_\_\_\_  
(Name of Sub Chapter)

\_\_\_\_\_  
(Location of Sub Chapter)

\_\_\_\_\_  
(School Year)

Purpose of Sub Chapter: \_\_\_\_\_  
\_\_\_\_\_

When Sub Chapter Meets: \_\_\_\_\_

Dates & Times of Activities: \_\_\_\_\_

VoAg Staff Participants: \_\_\_\_\_

List of Participating (FFA Chapter Dues) Paid) Students:  
Attach a Separate Page if Needed.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planned Fund Raising Events: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FFA Chapter/Leader Signature

\_\_\_\_\_  
FFA Sub Chapter Advisor(s)

\_\_\_\_\_  
FFA Sub Chapter Advisor

\_\_\_\_\_  
FFA Sub Chapter Advisor(s)

**Special Information**

Please describe any trips or supply requests associated with FFA Sub Chapter Activities.

Copies of all sub chapter designations will be recorded on the State VoAg Center Report due July 1 of every year.

A parent/guardian statement of participation must be on file for each member. Any staff of student participation change must be reported immediately.

Cc: VoAg Administration Files

**Date Form filed:** \_\_\_\_\_