

PLEASE PRINT CLEARLY  
ALL INFORMATION MUST BE INCLUDED

Please Return Immediately to:  
Cheryl Zimmerman  
Wisconsin FFA Center  
P.O. Box 110  
Spencer, WI 54479

# Wisconsin Association of FFA

## FFA Creed Speaking LDE Report

### District Leadership Development Events

District Number \_\_\_\_\_

Host Chapter \_\_\_\_\_

Date of Event \_\_\_\_\_

**LIST ALL PARTICIPANTS AND PRINT CLEARLY** \*Indicate the placing of at least the top 5. Preference is to have all participants placed so they know how they did in competition and if members cannot participate in the Sectional Competition.

Placing*	Name	Chapter

Judges' Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: 

Host Advisor Signature:	Chapter:
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# Wisconsin Association of FFA

## Extemporaneous Speaking Event Report

### District Leadership Development Events

District Number \_\_\_\_\_

Host Chapter \_\_\_\_\_

Date of Event \_\_\_\_\_

**LIST ALL PARTICIPANTS AND PRINT CLEARLY** \*Indicate the placing of at least the top 5. Preference is to have all participants placed so they know how they did in competition and if members cannot participate in the Sectional Competition.

Placing*	Name	Chapter	Topic/Topic Number

Judges' Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: 

Host Advisor Signature:	Chapter:
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# Wisconsin Association of FFA Parliamentary Procedure Event Report District Leadership Development Events

District Number \_\_\_\_\_

Host Chapter \_\_\_\_\_

Date of Event \_\_\_\_\_

**PARTICIPANTS— LIST ALL TEAMS AND PRINT CLEARLY**

Place All Teams Participating and Rank Gold, Silver or Bronze

Placing	Chapter	Gold	Silver	Bronze

Judges' Signatures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported by:

Host Advisor  
Signature:

Chapter:



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Please Return Immediately After Event To:  
Cheryl Zimmerman  
Wisconsin FFA Center  
P.O. Box 110  
Spencer, WI 54479

# Wisconsin Association of FFA Quiz Bowl LDE Report District Leadership Development Events

District Number \_\_\_\_\_

Host Chapter \_\_\_\_\_

Date of Event \_\_\_\_\_

Participating School	Number on Team	Placing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Top two teams will advance to sectional competition)

Certified By Event Judges

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by:

Host Advisor Signature:	Chapter:
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