

100 Percent Class Participation Form

Please type or p	orint clearly.	
School Name:		Chapter Number:
Check one:	☐ FBLA ☐ PBL ☐ FBLA-Middle Level	
Lead Adviser:C		Chapter President:
Lead Adviser	r's E-mail:	
School Addre	ess:	
City:	State:	Zip:
	chapters that have signed up 100 percent of a s roster and copy of your chapter's members	all registered students in a business or business-related class. ship reporting form.
Class Title:		Number of Students:
Send to:	FBLA-PBL Membership Awards 1912 Association Drive Reston, VA 20191-1591	Postmarked by: April 1
or fax:	866.500.5610	