District _____ FCCLA STAR Events SUMMARY REPORT FORM

Name of Event: _____ Junior or Senior

Lead Consultant: _____

	Participant's Name	Chapter & Adviser	Final Score
1st Place	_____	_____	_____
	_____	_____	
	_____		
2nd Place	_____	_____	_____
	_____	_____	
	_____		
3rd Place	_____	_____	_____
	_____	_____	
	_____		
4th Place	_____	_____	_____
	_____	_____	
	_____		
5th Place	_____	_____	_____
	_____	_____	
	_____		
6th Place	_____	_____	_____
	_____	_____	
	_____		

7th Place _____ _____ _____

_____ _____

_____

8th Place _____ _____ _____

_____ _____

_____

9th Place _____ _____ _____

_____ _____

_____

10th Place _____ _____ _____

_____ _____

_____

11th Place _____ _____ _____

_____ _____

_____

12th Place _____ _____ _____

_____ _____

_____

Signature of Event Lead Consultant:

_____

Evaluators: Please initial and then write your name in the space provided

1. _____

2. _____

3. _____