

## **Pennsylvania State FFA Safe Tractor Driving CDE Entry Form (All Items Must Be Completed In Order To Participate)**

**Name:** [Click here to enter text.](#)

**FFA Membership I.D. #:** [Click here to enter text.](#)

**School Name:** [Click here to enter text.](#)

**FFA Chapter Name:** [Click here to enter text.](#)

**FFA Region:** [Click here to enter text.](#)

**Ag Teacher's Name:** [Click here to enter text.](#)

**Ag Teacher's e-mail address:** [Click here to enter text.](#)

**Parents'/Guardians' Names:** [Click here to enter text.](#)

**Participants Home Address:** [Click here to enter text.](#)

**Participants Home Telephone Number:** [Click here to enter text.](#)

**National Safe Tractor and Machinery Operation Program Certification #:** [Click here to enter text.](#)

**Date That Above Training Was Completed:** [Click here to enter a date.](#)

**Tractor Driving Experience (At least one entry must be an FFA Tractor Driving CDE that was held above the chapter level):**

<u>Date</u>	<u>Description of Experience</u>	<u>Location of Experience</u>
1. Click here to enter a date.	Click here to enter text.	Click here to enter text.
2. Click here to enter a date.	Click here to enter text.	Click here to enter text.
3. Click here to enter a date.	Click here to enter text.	Click here to enter text.

*In exchange for my child or ward being allowed to participate in the Pennsylvania State FFA Safe Tractor Driving Career Development Event, and as the parent(s) or legal guardian(s) of the above mentioned individual, I/we verify that I/we understand, agree to and accept all rules and regulations involved in this activity and certify to the best of our ability that the above information is accurate and correct to the best of my/our knowledge.*

**FFA Participant's Signature:** \_\_\_\_\_

**Parent(s)/Guardian(s) Signature(s):** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Agricultural Instructor's Signature:** \_\_\_\_\_

**FFA Regional Coordinator's Signature:** \_\_\_\_\_

