



ARIZONA DECA STATE COUNCIL CONSENT/PERMISSION FORM

For Advisor:

I, _____, advisor to _____, approve and support my student to participate on the selected Arizona DECA's State Council.

Advisor Signature: _____ **Date:** _____

For Guardian:

I, _____, guardian of _____, approve and allow my child to serve on the selected Arizona DECA's State Council.

Guardian Signature: _____ **Date:** _____