



CONTEST ENTRY FORM (PLEASE PRINT)

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CONTEST NAME

CATEGORY (Please check appropriate box.)

10-12 13-16

NAME OF APPLICANT

MAILING ADDRESS

Street Address

City State Zip

Phone E-mail

PARENT'S SIGNATURE (Please sign here signifying your permission for entry.)

METHOD OF PAYMENT (Please check appropriate box.)

No C.O.D. orders will be accepted.

Check Visa MasterCard Discover

Credit Card #

Issued to Expiration Date

Signature
