

# 2020 CONTEST REGISTRATION FORM

**WEST-ARK**



Year of Show: \_\_\_\_\_ (please print legibly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Scale Model Club**

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

Adult: \_\_\_\_\_ Junior: (Age): \_\_\_\_\_ Beginner (Age): \_\_\_\_\_

Entry #	ENTRY NAME	CATEGORY #	SPECIAL AWARDS
1	_____	_____	_____
2	_____	_____	_____
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	<b>ENTRY NAME</b>	<b>CATEGORY #</b>	<b>SPECIAL AWARDS</b>
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# of models entered: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Entrant**

\_\_\_\_\_  
**Date**