## **MODELMANIA - CONTEST REGISTRATION FORM**

ONS-HOUSE	Year of Show:	Vear of Show: (ple		ease print legibly)	
Since 1965	Name:				
Total . Medical	City:		State:	Zip:	
CELLENCE IN SCALE HOD	Telephone #:	Clu	b Affiliation:		
	Email:				
How did you hear ab	out this event?				
Adult:	Junior: (Age):	Beginner (Age)	):		
	t be entered on separate n award. Use 2 <sup>nd</sup> and 3 <sup>nd</sup>	e Contest Registration F	orm; failure to do	so will disqualify	
<u>ENTRY</u> #	ENTRY NAME	(	CATEGORY #	SPECIAL AWARDS	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
# of models entered	: Amo	ount paid: \$			
photographed for ad	vertising or promotion	you enjoy this event. al purposes. Your sig he image of your mode	nature grants IPM	IS Houston and its	
	Signature of Ent	rant		Date	
Stamp PAID	here				
DECICTD ATION.			ш.		

ENTRY#	ENTRY NAME	CATEGORY #	SPECIAL AWARDS
11			
		<del></del>	
32		<u> </u>	
33			
34			
35		<u> </u>	
	Signature of Entrant		Date

ENTRY#	ENTRY NAME	CATEGORY #	SPECIAL AWARDS
36			
14			
	Signature of Entrant		Date
		REGRISTATION #	: