

Montana Taxidermists Convention
 April 28th-May 1st, 2016
 Heritage Inn Great Falls MT
 Registration Form

Name: _____ Spouse's Name: _____
 Business Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Business Ph#: _____ e-mail address: _____
 VISA/MC: _____ Exp. Date: _____

ENTRY FEES:

Divisions:

Master and Professional \$170.00

Early Registration Discounted Price **Before February 20, 2015 \$145.00**

Adult Novice \$120.00

Early Registration Discounted Price **Before February 20, 2015 \$100.00**

(Above Divisions Include 3 mounts with critiques, all seminars & MTA Membership)

Youth Novice - (Under 17 years) \$25.00

(Includes 3 mounts with critiques and all seminars)

Division		\$		\$
Additional Mounts \$10.00 (Each additional mount)	QTY.			
Collective Artists		(Names:)		
2 Artists		3 Artists		4+ Artists
\$20.00		\$30.00		\$40.00 (+\$10.00 per each additional artist)

Montana Best All Around \$10.00

Competitors Award \$10.00

Montana Challenge (Life-size Mountain Goat) \$10.00

Skull & Skeleton \$10.00 (Each entry)

Seminar Fees: (For Non-Members)

Per Seminar	\$25.00	All Seminars	\$75.00	\$
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Banquet Tickets:

Adults	QTY.	QTY.	QTY.	Children (6-17)	Children (5 & Under)
\$35.00			\$17.50	FREE	

MTA Membership (Spouse and immediate family are admitted for viewing)

Membership Only (no competition entry)	\$50.00	\$
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Total Amount Due

Have you ever won the WASCO Award with any of these entries? Please circle one. YES NO

Mount Entries: If yes which one(s)?

Categories: Fish Skin, Reptile, Reproduction, Waterfowl, Upland Bird, Lg. Life-size Mammal, Sm. Life-size Mammal, Game Heads,

If Polytranspar: please specify with **PT**

Species	Category	Division
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- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

All mounts entered in the competition cannot have been entered in any previous MTA competitions. I understand that the Montana Taxidermists Association and the Best Western are not responsible for any loss or damage that may occur to my mounts at the show. I certify that all my mounts in the competition were done by me, unassisted, and I agree to all competition rules.

Signature: _____

Date: _____

****Please fill out form completely before mailing.****

PLEASE SEE RULES FOR ANY CLARIFICATIONS!

Office Use Only Date Received: Check# Amount: Initials:

Please Return Form To:

**M.T.A.
 124 Sharon Dr.
 Great Falls, MT 59405**