IPMS/SPACE COAST

ModelFEST

Registration Form

Entrant ID #

NOTE: Entrant ID # assigned day of the show.

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (___) _____ **Would you be willing to judge ?** ☐ **Yes**

Club Affiliation: _____ **IPMS Member ?** ☐ **Yes**

Email: _____ **Adult Entry :** ☐ **Junior Entry:** ☐

NOTE: See Contest Rules for Category Numbers.

Entry #	Category #	Scale	Model Description
	# of Entries		Please list any additional model entries on reverse side..