CSBS 2024 Tray Entry Form

Entrant # _____ (obtain ahead of time or at check-in). CSBS Member Status_____

Name: _____Phone: _____E-Mail_____

Address: _____State: _____Zip: _____

Will you allow your tray to be photographed during the CSBS State Show? Yes_____ No_____

List Sponsored Awards first by award number in ascending order. List Open Competition entries second in ascending order by classification number. Tray slip fee is $1.00 ea. Fees will be collected at the show at tray check-in.

Award #	Class #	Size	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Checked in by: _____Checked out by: _____

Checked-out tray(s) received by: _____

Receiver's Phone #, if not competitor: _____