CSBS 2020 Tray Entry Form

Entrant # _____ (obtain 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 $.50 each. 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: _____