

CSBS 2025 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 each.** Fees will be collected at the show at tray check-in.

<u>Award #</u>	<u>Class #</u>	<u>Size</u>	<u>Description</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Checked in by: _____ Checked out by: _____

Checked-out tray(s) received by: _____