CSBS Tray Entry Form

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

Name: _____ **Phone:** _____ **Email:** _____

Address _____ **State** _____ **ZIP** _____

Willyou allow your tray to be photographed during the CSBS State Show? Yes No

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

Award #	Class	# Size	Description

Checked in by: _____ **Checked out by:** _____

Checked out tray(s) received by: _____