Contestant Number:	Entry Number:
Tier:	

Contestants: Do NOT write in shaded areas

Please PRINT any additional information relating to your kit in the space below or attach a list. Use the back of this form if necessary.

PLEASE LEAVE THIS FORM ON THE TABLE AFTER THE SHOW

Category #:	Scale:
Category Name:	
Model Name:	
Manufacturer:	

Contestant Number:	Entry Number:
Tier:	

Contestants: Do NOT write in shaded areas

Please PRINT any additional information relating to your kit in the space below or attach a list. Use the back of this form if necessary.

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Category #:	Scale:
Category Name:	
Model Name:	
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