

## 2017/18 NY State Award Submission Form

**Deadline:** November 15 for January Issue, May 15 for July issue

Please use separate form for each award.  
Use NB 2017-2018 Awards Edition.

Division	Section	Classification #	Size
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Description:

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(min. \$5, \$3, \$2)

Award Amount:

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Memorial to or In Honor of (name only)

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Submitted by:

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Contact Name:

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Contact Preference: (circle all that apply)  
e-mail Phone US Mail

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Address:

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City, State, ZIP:

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Telephone Number:

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E-Mail address:

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Mail this form with check payable to NYSBS to:

Linda Hickey  
261 Oakridge Drive  
Rochester, NY 14617-2511

**AWARD ENTRY FORM**

**NEW YORK STATE 20\_\_**



**ENTRANT MUST FILL OUT 2 COPIES**

**ENTRANT #**

**Entries are limited to 8 trays for attending members and 2 trays for non-attending members.**

<u>IN</u>	<u>AWD</u>	<u>DIV</u>	<u>SECT</u>	<u>CLASS</u>	<u>SIZE</u>	<u>DESCRIPTION</u>	<u>OUT</u>

Intake Initial: \_\_\_\_\_

Release Initial: \_\_\_\_\_

Member of: \_\_\_\_\_

Please check if you do not want your name published \_\_\_\_\_

**PLEASE PRINT: ENTRANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

TAPES THIS SECTION TO THE TOP OF WOOD TRAY OR BACK OF SLEEVE			TAPES THIS SECTION TO THE TOP OF WOOD TRAY OR BACK OF SLEEVE			TAPES THIS SECTION TO THE TOP OF WOOD TRAY OR BACK OF SLEEVE		
<b>NEW YORK STATE 20__</b>			<b>NEW YORK STATE 20__</b>			<b>NEW YORK STATE 20__</b>		
Award No.	# of Entries	Entrant #	Award No.	# of Entries	Entrant #	Award No.	# of Entries	Entrant #
<b>DIV</b>	<b>CLASS</b>	<b>SIZE</b>	<b>DIV</b>	<b>CLASS</b>	<b>SIZE</b>	<b>DIV</b>	<b>CLASS</b>	<b>SIZE</b>
Description:			Description:			Description:		
<b>1</b>	<b>2</b>	<b>3</b>	<b>M</b>	<b>judged</b>				
Remarks:			Remarks:			Remarks:		
Judges: _____			Judges: _____			Judges: _____		