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| NYSBS 20__ Tray Entry Form | **Entrant Must fill out BOTH copies** | Entrant # |
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****Limit 8 trays for attending members and 4 trays for non-attending members.****

NYSBS Copy

| IN | AWD | DIV | SECT | CLASS | SIZE | DESCRIPTION | OUT |
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Intake Initial: _____

Release Initial: _____

Member of: _____ Please check if you do not want your name published _____

PLEASE PRINT: ENTRANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

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| NYSBS 20__ Tray Entry Form | **Entrant Must fill out BOTH copies** | Entrant # |
|---------------------------------------|--|-----------|

****Limit 8 trays for attending members and 4 trays for non-attending members.****

Your tray receipt.

| IN | AWD | DIV | SECT | CLASS | SIZE | DESCRIPTION | OUT |
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