

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

Intake Initial: _____ Release Initial: _____
 Member of: _____
 Please initial if you **DO NOT** want your name, photo and/or photos of your competition trays published in the NYSBS Bulletin or posted on the society website: _____
 PLEASE PRINT: ENTRANT NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____

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****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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