Master Registration Form

LISMS File Copy

Entrant Number
Staff Use Only

Please supply all requested information. Personal data is not shared.
IF PREPARED BY HAND, PLEASE PRINT CLEARLY

Name:	
Street:	
City:	*State & Zip:*
Phone:	*e-mail:*
Club Affiliations (If applicable to contest):	*IPMS Number (If applicable):*

Category Number (See List)	Entry Letter (A to Z)	*Description*

Staff Use Only	**REVIEWER'S INITIALS: _____**	**PAID STAMP**	

LISMS and the host facility accept no liability for damage to models on display