

Innilgard A&S Competition Entry form

(Please print one copy to accompany your entry. This form is to be retained and forwarded to Innilgard A&S Officer)

(this section to be filled out by Entrant before Competition)

EVENT: _____

PLACE AND DATE: (___/___/___) _____

NAME OF COMPETITION: _____

NAME/DESCRIPTION OF ENTRY: _____

NAME OF ENTRANT: _____

CONTACT DETAILS OF ENTRANT: (phone) _____

(address) _____

email address: _____

I GIVE PERMISSION TO USE A PHOTO OF MY ENTRY FOR THE INNILGARD

WEBSITE: (please sign): _____

DOCUMENTATION ATTACHED: YES/NO

INFORMATION FOR JUDGES: Is this your first attempt at this skill? YES/NO

ANY ADDITIONAL INFORMATION REGARDING THIS ENTRY (attach separate pages if necessary):

(this section to be filled out by Judges)

FINAL AVERAGE= _____ /**50**

Names and contact phone of Judges:

1. _____

2. _____

3. _____

Event A&S Steward:

Name: _____ Contact: _____