

# COMPETITION ENTRY FORM

Name: \_\_\_\_\_ Age (if under 16): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Please tick the box next to each competition you are entering:

- |   |   |
|---|---|
| <input type="checkbox"/> Children's Drawing         | <input type="checkbox"/> Sponge Cake        |
| <input type="checkbox"/> Jelly Baby Shoe Diorama    | <input type="checkbox"/> Fruit Cake         |
| <input type="checkbox"/> Miniature Garden           | <input type="checkbox"/> Decorated Cake     |
| <input type="checkbox"/> Lego Model                 | <input type="checkbox"/> Biscuits / Cookies |
| <input type="checkbox"/> Photography                | <input type="checkbox"/> Preserve / Chutney |
| <input type="checkbox"/> Garden / Allotment Produce | <input type="checkbox"/> Wine / Cordial     |

Administration Use Only			
Number of Entries		Number of Classes	
Marking Card		Paid (£)	
Entrant Number			