

# Youth

Date \_\_\_\_\_

Convention Number \_\_\_\_\_

**FLORIDA STATE TAXIDERMISTS ASSOCIATION, INC.**

**Annual Convention and Competition**

**February 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> 2025**

**Best Western Gateway Grand**

**4200 NW 97<sup>th</sup> Blvd**

**Gainesville, FL, 32606**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Competition Entries

Number of Mounts: _____	Youth (Y) (under 16 yr. )	(each)\$00.00 _____
Number of Mounts: _____	Amateur (A)	(each)\$25.00 _____
Number of Mounts: _____	Commercial (C)	(each)\$25.00 _____
Number of Mounts: _____	Professional (P) Pro 1 glue used _____	(each)\$25.00 _____
Number of Mounts: _____	Masters (M) Pro 1 glue used _____	(each)\$35.00 _____
Number of Mounts _____	Habitat (H)	(each)\$25.00 _____
Number of Mounts: _____	Best All Around (BAA)	(total 4)\$50.00 _____
Number of Mounts: _____	Challenge of the Arts (C.O.A.)	(each)\$25.00 _____
Number of Mounts: _____	Collective Artists (CA)	(p/p)\$40.00 _____
Number of Mounts: _____	European Mount (EM)	(each)\$40.00 _____
Number of Mounts _____	Father George Award (FG ) (FL Residents Only)	(each)\$50.00 _____
Number of Mounts _____	Martha Maxwell Award (MM)(FL Residents Only)	(each)\$30.00 _____
Number of Mounts _____	Presidents Challenge (PC) (includes half pot plus \$250) (Game Head Wall Mount / Whitetail shoulder Wall Mount)	(each)\$75.00 _____
Number of Mounts _____	Wildlife Sculpture (WS) / Original wildlife Art (OA)	(each)\$40.00 _____
_____	Mount Off	\$35.00 _____
_____	Used Polytranspar on my fish _____	Used Second 2 Nature Manikin (M or P Only)
_____	Number of children attending children's seminar	

**TOTAL** \_\_\_\_\_

Please use the code above and indicate what you are bringing to competition, be sure to indicate whether it is a wall, table or floor mount. If your mount will take up more than a 2' X 2' space please let us know that as well..

***\*I agree all mounts entered have been completed by me or my studio and failure to comply with FSTA competition rules will result in my disqualification for ribbon points.\****

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of the competitor to read the competition rules and award criteria requirements. No refunds will be given \_\_\_\_\_ (Please initial)

Make Checks Payable to Florida State Taxidermists Association, Inc & Mail completed registration forms to:

**Michele Blankenship**

**728 N.E. 36<sup>th</sup> St.**

**Ocala Fl. 34479**

**352-427-7638**