

Youth

Date _____

Convention Number _____

FLORIDA STATE TAXIDERMISTS ASSOCIATION, INC.

Annual Convention and Competition

February 5th, 6th, & 7th 2026

Best Western Gateway Grand

4200 NW 97th 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)	(each)\$75.00 _____
	(Game Head Wall Mount / Whitetail shoulder Wall Mount)	
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 (<i>M or P Only</i>)
	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. 36th St.

Ocala FL 34479

352-427-7638