

IPMS RL SCOTT REGION 3 SCOTTCON

LAST NAME:						
FIRST N	AME: _					
ADDRES	SS:					
CITY:		;	STATE: ZIP:			
EMAIL:			MAY WE E	MAIL YO	OU? YES 🗆 NO 🗆	
PHONE:		JUNIOR? YES 🗆 NO	O☐ CONTESTANT#			
IPMS#_		IPMS CHAPTER:				
Entry # (Assigned by Club)		Description of E	Description of Entry		E CATEGORY#	
Instructions: 1. Leave the "Contestant Number" block blank. This will			REGISTRATION FEE	els)		
2. Place affiliat	be filled in at the registration desk. Place your name, address, phone number, email, club affiliation & IPMS number in the appropriate blanks on this form. List each model you are entering, its scale, & category. Leave the "Entry #" block blank. This will be filled in at the registration desk. Fill out one Model Entry form per model you are entering in the contest. Leave the "Contestant #" & "Entry #" blank on the Model Entry forms.		ADDITIONAL MODEL (+\$1.00 PER MODEL)			
 List ea Leave 			SUBTOTAL			
5. Fill ou ing in blank			IPMS DISCOUNT (-\$2	.00)		
6. Turn in this Registration Form & Model Entry forms to the registration desk.			TOTAL			