

Contestant #

(Assigned at registration)



Pelicon

Contestant/Entry Identification Form

Name First: _____ Last: _____

Email: _____ Phone#: _____

Special Award Categories:

A - Lights, Camera, Action

B - Marine Corps a/c

C - 35th Anniversary Desert Shield/Storm

Entry #	Subject	Scale	Category	Special Award
1				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
4				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
5				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
6				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
7				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
8				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
9				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
10				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
11				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
12				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
13				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
14				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
15				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C