



OMACON REGISTRATION FORM

ENTRY #

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ IPMS/USA # _____ Chapter: _____

SPECIAL
AWARD
ENTRY

<u>ENTRY</u>	<u>SCALE</u>	<u>SUBJECT</u>	
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	
6.	_____	_____	
7.	_____	_____	
8.	_____	_____	
9.	_____	_____	
10.	_____	_____	

Adult Registration (*Includes unlimited entries*)..... \$15.00

Junior Registration (*Includes unlimited entries*)..... FREE

Pd _____