



MASTER REGISTRATION FORM (To Scoring)

PLEASE PRINT LEGIBLY

Entrant # _____ A Table _____ IPMS/AMPS Member # _____

Name _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____ Phone # _____

Club Affiliation _____

Entry Title _____ Scale _____

AWARD ELIGIBILITY (You MUST check all applicable boxes to be eligible)

- Class:
- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Best Armor | <input type="checkbox"/> 2. Best Figure | <input type="checkbox"/> 3. Best Diorama |
| <input type="checkbox"/> 4. Best Vignette | <input type="checkbox"/> 5. Best Aircraft | <input type="checkbox"/> 6. Best Automotive |
| <input type="checkbox"/> 7. Best Real Space | <input type="checkbox"/> 8. Best Sci-Fi | <input type="checkbox"/> 9. Best Ship |
| <input type="checkbox"/> 10. Best Miscellaneous | | |

Skill: Junior Basic Intermediate Advanced

Theme: 20/20 Vision First Responders

Number of models in your display _____