



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:
- | | | |
|-------------------------------------------------|-------------------------------------------|---------------------------------------------|
| 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 <input type="checkbox"/> | | |

Skill: Junior Basic Intermediate Advanced

Theme: Old School Terrible Two's

Number of models in your display _____