



OFFICIAL ENTRY FORM
PHILATELIC SHOW 2015

Holiday Inn Boxborough
May 1-3, 2015

TO: Guy R. Dillaway, Exhibit Chairman
P. O. Box 181
Weston, MA 02493-0001

Phbrit@comcast.net
Tel: 781-899-1181

PLEASE PRINT OR TYPE

Name: Phone: ()
Address:
City: State: Zip:
Date of Birth (Youth): E-Mail: Fax:

PLEASE CIRCLE YES OR NO FOR THE STATEMENTS BELOW:

This exhibit is my property in its entirety. YES NO
I will personally deliver my exhibit. YES NO I will personally pick up my exhibit. YES NO

Please indicate the class in which this exhibit is being entered. (Choose only one)

Open Exhibition [] Youth [] Display [] Single Frame [] Non-competitive []

Fees:

of frames

Table with 3 columns: # of frames, Description, and Amount. Rows include Adult single-frame exhibit at \$23.00, Adult multi-frame exhibit at \$13.00 per frame, Non-competitive exhibit at \$5.00 per frame, Youth exhibit at \$4.00 per frame, Return postage, and TOTAL REMITTANCE.

Title of Exhibit: (Please print)
Description (20 words or less):

Number of album pages Page size exclusive of hinge " x "

Member of APS Northeastern Fed. Other Collectors Club

I have read, understand and will comply with all rules and regulations for exhibiting at Philatelic Show. I understand that no addresses will be listed in the program. You have my permission to list my name or list me anonymously as

I, the undersigned, understand that I will be responsible for insuring my exhibit; and I will not hold Philatelic Show, Northeastern Federation of Stamp Clubs, Inc., the Holiday Inn Boxborough or their officers, members, or employees responsible for loss of or damage to this exhibit.

Signature: Date:

MAKE CHECKS PAYABLE TO: Philatelic Show
MAIL TO: Guy R. Dillaway at above address.