



# Sarasota National Stamp Exhibition January 19, 20, 21, 2024

## Entry Form

|          |                 |
|----------|-----------------|
| Frame #  | _____           |
| Received | _____           |
| Ck#      | _____ Amt _____ |

Please enter the following exhibit, subject to the rules and regulations of the Exhibit Prospectus and the terms and conditions contained in this application to which I agree to be bound. PLEASE PRINT CLEARLY OR TYPE!!

Name \_\_\_\_\_ Birthdate if under 18 \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Title of Exhibit \_\_\_\_\_

General Class  One Frame Class  Youth Class  Non-Competitive

Please reserve a one frame exhibit at \$30 1 Frame  .....\$ \_\_\_\_\_

Please reserve two to 10 frames \_\_\_\_\_ at \$15 per frame .....\$ \_\_\_\_\_

Postage for return of exhibit: .....\$ \_\_\_\_\_

Tickets for Saturday evening Banquet at \$65 each # Steak \_\_\_\_\_ # Fish \_\_\_\_\_ .....\$ \_\_\_\_\_

NO CHARGE for YOUTH Exhibits TOTAL REMITTED ..... \$ \_\_\_\_\_

**NOTE: Exhibits will not be accepted without a Title Page and/or a Synopsis.**

### My exhibit will be delivered by:

Exhibitor  Agent

Agent Name \_\_\_\_\_

Mail \_\_\_\_\_

### My exhibit should be returned by:

Exhibitor  Agent

Agent Name \_\_\_\_\_

Express Mail  Priority Mail

Insured for \$ \_\_\_\_\_

All materials for safe return of exhibit must be enclosed when it is mailed or delivered. Please do NOT include correspondence as exhibits are opened the day of the show.

You have my permission to list my name in the program: Yes \_\_\_ No \_\_\_\_ . If "no" list me as "anonymous" or as \_\_\_\_\_

Would you like hotel information? Yes \_\_\_ No \_\_\_\_ First time exhibitor at WSP show? Yes \_\_\_ No \_\_\_\_

Circle if you are a member of: APS, ATA, AAPE, CPSA, FPHS, GPS, USPCS, USPSS, Others \_\_\_\_\_

**Email the entry form to [sns-exhibits@comcast.net](mailto:sns-exhibits@comcast.net) and once receipt of exhibit is acknowledged, use PayPal to pay the fees.**

**Alternatively, make checks payable in US Dollars to: Sarasota Philatelic Club, Inc. and mail entry form to: Sarasota National Stamp Exhibition, P.O. Box 20625, Bradenton FL 34204, ATTN Pat Walker, Exhibits Chairman.**

Due precaution will be taken to guard against loss or damage of exhibits. No responsibility of any kind or character shall attach, however, to the Sarasota Philatelic Club Inc; The Sarasota National Stamp Exhibition; the City of Sarasota; or anyone connected with this show. In addition Exhibitor acknowledges that the Sarasota Philatelic Club, Inc: the Sarasota National Stamp Exhibition and the City of Sarasota: do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain property damage insurance covering any such possible losses.

Signature of Exhibitor \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Guardian/parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                                   |                      |
|-----------------------------------|----------------------|
| TO BE COMPLETED BY SHOW COMMITTEE |                      |
| Mounted by: _____                 | Dismounted by: _____ |
| Returned by: _____                | Date returned _____  |