

HVHMG

HUDSON VALLEY HISTORICAL MINIATURES GUILD

ENTRANT NUMBER (Filled in at day of show) _____
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ENTRY FORM

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Club Affiliation: _____

ENTRY	Category	Title of Piece
A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____
E	<input type="checkbox"/>	_____
F	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	_____
H	<input type="checkbox"/>	_____
I	<input type="checkbox"/>	_____
J	<input type="checkbox"/>	_____
K	<input type="checkbox"/>	_____
L	<input type="checkbox"/>	_____