EXHIBITORS COPY All entries must be forwarded in duplicate				
Class	Cage No	Variety		
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		ny entries for the show subject to the ations of the BSSA		
Name:		<i></i>		
Addres	s:			
Phone 1	No:			
Status:				
Cage Number will be completed by Show Manager				
Amoun	t to be pa	id on show day:		

SHOW MANAGERS COPY					
All entri	All entries must be forwarded in duplicate				
BSSA SHOW ENTRY FORM					
Class	Cage No	Variety			
-		<i>ny entries for the show subject to the ttions of the BSSA</i>			
Name:	ia Regula	uons of the D SSA			
Address	:				
Phone N	No:				
Status:					
		l be completed by Show Manager			
Amount	to be pai	d on show day:			

Please indicate if you wish to stay for lunch YES/NO

Could you also let us know <u>No at Lunch</u>?.....