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**2024 Bethlehem PA 30th National N Scale Convention**

*Please print all information*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION # \_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ST/PRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The above section will be folded under the description and will not be visible.***

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**CATEGORY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTRY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

***To be completed by the Contest Staff.***

DESCRIPTION: please describe as thoroughly as possible.

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1. This entry form must be filled out and accompany each entry.
2. Each person can only entry one item per category. NEW
3. Entries must not have won in previous NSE model contest. NEW
4. Supplemental information such as plans or photos may accompany your entry.
5. ***Credit should be given to all individuals involved in the creation of this entry.***
6. The contest committee reserves the right to display your entry as they see fit.
7. The contest committee reserves the right to handle your entry.
8. The Contest Committee nor NSEstaff will be not held liable for any damage to the entry.
9. I hereby certify that this entry is my own work as described above (with exceptions and credit listed above)
10. I hereby agree that photographic or descriptive reproductions of my work may be used without compensation by paper, video, electronic, or other media.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CONTEST RELEASE

I hereby certify that Entry # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_entered in the *2024 NSE* contest has been returned to me in satisfactory condition.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_