

	
TABLE ENTRY SHEET (ONE PER MODEL ENTRY)			
Category #			
Contestant #			
Line on Master Entry Form (A, B, C, etc.)			
SUBJECT:			
SCALE:			
KIT:			
Out of the Box?	YES	<input type="checkbox"/>	NO
<i>If NO, describe work performed</i>			
FOLD THIS PART UNDER			
Contestant Name:			

			
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