

DUE: March 30, 2005

CONTEST NAME		CHAIR (OR CO-CHAIR) NAME:	
NAME		BUSINESS	TITLE
ADDRESS		CITY	STATE ZIP
PHONE (INCLUDE AREA CODE) EXT.		FAX (INCLUDE AREA CODE)	E-MAIL
TYPE (CHECK ONE OR MORE) <input type="checkbox"/> MEMBER <input type="checkbox"/> DONOR <input type="checkbox"/> JUDGE		COMMENTS	
NAME		BUSINESS	TITLE
ADDRESS		CITY	STATE ZIP
PHONE (INCLUDE AREA CODE) EXT.		FAX (INCLUDE AREA CODE)	E-MAIL
TYPE (CHECK ONE OR MORE) <input type="checkbox"/> MEMBER <input type="checkbox"/> DONOR <input type="checkbox"/> JUDGE		COMMENTS	
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