

MSPFA ENTRY FORM



YOUR NAME:	YOUR EM	IAIL AD	DRESS:		
STREET ADDRE	SS:				
CITY, STATE, &	ZIP:				
PHONE (WITH A					
	OUR PHONE NO. IN THE EXHIBITORS L	IST? YI	ES	NO	
MAY WE PUT YOUR EMAIL IN THE EXHIBITORS LIST?		YF		NO	
ARE YOU ENTERING AS A JUNIOR? (AGE 18 OR UND				NO	
	(-
USE ONE LINE P	PER VARIETY				
LF BTM WF	BREED & VARIETY	COCK	HEN	COCKEREL	PULLET
-					
•					
MEMBER OF TH	IE FOLLOWING SPECIALTY CLUBS:				
ENTRY FEE: NU	MBER OF BIRDS LISTED ABOVE	@ \$3.00	EACH 1	[S \$	
JOIN MSPFA: DU	JES \$10.00/YEAR INDIVIDUAL; \$15.00/YE	AR FAM	ILY	\$	
	AMOUNT E	NCLOSI	ED IS	\$	
MAKE CHECKS	PAYABLE TO MSPFA			·	
	ST. AMOUR, 2017 CASTLETON RD., DARI	LINGTO	N, MD 2	1034	
EMAIL: cochinla	dy@verizon.net			<u> PHONE</u> : (4	410) 836-3753