2017 WWA Decoy Carving Competition Entry Form

Entrant Name: _____

Address: _____ City: _____

State: _____ ZIP: _____

Phone: (_____) - _____

Email: _____ (***optional, for show use only, confidential)***

Circle your competitor level: **Open** **Intermediate** **Novice** ***(Required only for IWCA classes)***

For 'Sconnie entrants: Are you competing as a Junior? **Yes** **No** Age on 9/16/17:_____

IWCA Member Proof: _____ Mailed entry: **YES** **NO**

Entries accepted in-person, 1-4pm, 9/15/17, and 9-10:30am, 9/16/17, ONLY, at the competition site.

FEES: (***money order/CC***): $_____ Return postage and label: **YES** **NO**

List entries by specie, gender, and class/division

Species	**Gender**	**Division:**	**Fees**
			$15.00
			$10.00
			$5.00
			$5.00
			All subsequent
			free

If additional entries need to be documented, please provide the requested information on the back or additional sheet

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Payment:

Please compute your total fee, based upon the number of entries, (maximum entry fee = $35, regardless of the number of entries made by one competitor), and provide payment in one of two ways:

US POST OFFICE MONEY ORDER – available at any local post office: **YES** **NO**

OR

VISA/MASTERCARD/DISCOVER – enter your information carefully, for entry via GoPayment:

Name on the front of the card: _____

16 digit number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration date on front of card: _____

Security code (3 digit) from back of card: _____

ZIP code, at the billing address for the card: _____

Text number or e-mail address to receive a receipt: _____
(o*ptional) (Note: incomplete entries, or rejected credit requests will be contacted once, for alternate payment, at the number provided on the opposite side of this entry form)*

Office use only, information entered by Contest staff

Competitor Number:	
Number of entries total:	
IWCA competitor level:	
# of IWCA decoy entries:	
# of IWCA working decoys:	
# of 'Sconnie entries:	
# of Antique entries:	
Fees collected:	
Date received:	
Date returned or mailed:	
Award money due:	

Staff Member processing: _____