"CHERISHED CHILDHOOD DOLLS"
COMPETITIVE EXHIBIT FORM

Exhibitor's Name _____ Number _____

Address _____

City _____ State _____ Zip _____

Club Affiliation/MaL _____ Region _____

Email _____

CLASS NUMBER	SIZE	DESCRIPTION OF DOLL	INSURANCE VALUATION

You may use the reverse if you need additional space for your entries.

Entry forms must be received by September 1, 2011. Total Valuation $_____

Send form to Conference Secretary: **Marge Hallyburton, 233 Tarn Road, Mont Vernon NH 03057**

Dolls Placed on Exhibit:
Exhibitor's Signature_____ Clerk_____ # _____

Dolls Returned to Exhibitor:
Exhibitor's Signature_____ Clerk_____ # _____

Please keep a copy of this form for your records.