

FLOREX The Florida State Stamp Show



Osceola Heritage Park, Events Center, Hall B, Kissimmee, Florida November 30, December 1 & 2, 2018 *Please print or type*

Philatelic Exhibition Entry Form

Name:	Phone No.:		
Fax Number:	E-mail Address:		
Address:			
City:	State: Postal Code:		
Country:	APS Member: Yes No APS No.		
Other Philatelic Memberships:			
Title of Exhibit:			
Description (20 words or less):			
Number of pages: Page size:	_ If youth, date of birth (See rule #11)		
Language in which the exhibit is prepared:			
This collection is my property in its entirety?	\Box Yes \Box No		
Please indicate the class in which this exhibit	oit is being entered (Choose only one)		
□ General □ Single Frame □ Single Fr	rame Championship \Box Youth \Box Post Card		
If Single Frame Championship, please indicat	te the show at which the exhibit qualified		
Fees:			
# of frames	\$		
-			
	er frame (\$25 min.) \$		
Youth exhibits at \$1 per frame			
Return Postage	\$		
Total fee enclosed:	\$		

Please Continue on Reverse

To help determine eligibility for novice awa	ards please a	nswer the followin	g two questions:		
I have exhibited previously	\square No	□ Yes			
I have shown this exhibit previously	□ No	□ Locally	□ Nationally		
Method of Delivery:					
Personal	Personal US Postal Service FedEx				
Agent - Please provide name a	and phone nur	nber			
Method of Return:					
USPS Express Mail	_ USPS Registered (Insured for \$)				
Personal Agent - Please provide name					
Other (Please describe					

Are you planning to attend the show? \Box Yes \Box No

I have read and will comply with all rules and regulations for exhibiting at FLOREX 2018. If I win the multi frame grand award in the open competition, I agree to enter my exhibit in the World Series of Philately -- Champion of Champion exhibition at the APS StampShow in Omaha, NE -- to be held August 1-4, 2019. If I win the grand or reserve grand single frame open award, I agree to enter my exhibit in Ameristamp Expo to be held in Mesa (Phoenix), AZ – February 15-17, 2019. I understand that no addresses will be listed in the program, so you have my permission to:

□ List my name **OR** □ List me anonymously as _____

I, the undersigned, understand that I will be responsible for insuring my exhibit; I will not hold FLOREX, Florida Stamp Dealers Association, United States Postal Service, or the Osceola Heritage Park and/or their officers, members, or employees liable for loss of or damage to this exhibit.

I agree that the decision of the judges shall be final, and hereby release and agree to hold harmless the judges and FLOREX, its officers, directors, employees, and representatives from any damages, including but not limited to damages to my reputation or that of my exhibit, suffered or incurred as a result of the judging.

Signature: ____

Date:

Signature of Parent or Guardian if Exhibitor is Youth Under Age 18:

Date: _____

Return to: Robert J. Fisher, 621 Glen Grove Lane, Edgewood, FL 32839

Deadline for receipt is October 1, 2018 – Checks Are Payable to FSDA.

[V1.1 – 06.22.18]