

FLOREX

The Florida State Stamp Show Philatelic Exhibition Entry Form



\$_____

Osceola Heritage Park, Events Center, Hall B, Kissimmee, Florida December 13, 14 & 15, 2019 Please print or type

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	$7? \square Yes \square No$		
Please indicate the class in which this exh	nibit is being entered (Choose only one)		
□ General □ Single Frame □ Single	Frame Championship □ Youth □ Post Card		
If Single Frame Championship, please indic	ate the show at which the exhibit qualified		
Fees:			
# of frames			
Adult single frame exhibit at \$25			
Adult multi-frame exhibits at \$10	per 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 following	g two questions:
I have exhibited previously	□ No	\Box Yes	
I have shown this exhibit previously	□ No	□ Locally	□ Nationally
Method of Delivery:			
Personal	US Postal S	Service	_ FedEx
Agent - Please provide name a	and phone nur	nber	
Method of Return:			
USPS Express Mail	_ USPS Regi	stered (Insured for S	\$)
Personal	_ Agent - Ple	ase provide name _	
Other (Please describe)

Are you planning to attend the show? □ Yes □ No

I have read and will comply with all rules and regulations for exhibiting at FLOREX 2019. 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 Hartford, CT -- to be held August 20-23, 2020. If I win the grand or reserve grand single frame open award, I agree to enter my exhibit in still to be determined CoC in 2020. 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, 2019 – Checks Are Payable to FSDA.

[V2.1 - 12.05.18]