

FLOREX The Florida State Stamp Show Philatelic Exhibition Entry Form



Central Florida Fairgrounds & Exposition Park, Orlando, Florida

December 1, 2 & 3, 2017

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?	\Box Yes \Box No		
Please indicate the class in which this exhib General Single Frame Single Frame 	oit is being entered (Choose only one) rame Championship		
If Single Frame Championship, please indicate			
Fees: # of frames			
Adult multi-frame exhibits at \$10 pe	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 an	swer the followin	g two questions:		
I have exhibited previously	□ No	\Box 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 nun	nber			
Method of Return:					
		toned (In some d for	¢ \		
USPS Express Maii	USPS Registered (Insured for \$)				
Personal	Agent - Please 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 2017. 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 Columbus, OH -- to be held August 9-12, 2018. 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 Birmingham, AL – February 16-18, 2018. 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 Central Florida Fairgrounds & Exposition 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, 2017 – Checks Are Payable to FSDA.

[V1.0 - 10.04.16]