

42nd Annual Smoky Mtn. Model-Con

Knoxville Scale Modelers Association

Official Model CONTEST REGISTRATION Form

Entrant# _____
(K SMA Use Only)

NAME _____
(Please Print)

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ PHONE _____
(With Area Code)

E-MAIL ADDRESS _____

MODEL INFORMATION

#	Scale	Model	Category #	Theme
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: If model is eligible for theme award, please check box at right.

WAIVER: By entering this model, I hereby agree to the following: I certify that I did build the model as described above and that the Knoxville Scale Modelers Association and its members as well as the Knoxville Catholic High School and its staff will not be held liable for any damage to said model. Judges reserve the right to reassign a model into another category as deemed necessary. I understand that all decisions by the judges are final.

PARTICIPANTS SIGNATURE _____ **DATE** _____