

CLUB NAME:			
AST/CEA NAME:		E-MAIL:	
MAILING ADDRESS:	CITY	PHONE: ZIP	
	PROJECT IN	FORMATION	
Division Name:		Division Name:	
Class Number:		Class Number:	
Description of Project:		Description of Project:	
		- '	ompleted by group or individual:
Individual Project	Group Project	Individual Project	Group Project
Division Name:		Division Name:	
Class Number:		Class Number:	
Description of Project:		Description of Project:	
Please indicate if project is completed by group or individual:		Please indicate if project is co	ompleted by group or individual:
Individual Project	Group Project	Individual Project	Group Project
Division Name:		Division Name:	
Class Number:		Class Number:	
Description of Project:		Description of Project:	
Please indicate if project is completed by group or individual:		Please indicate if project is completed by group or individual:	
Individual Project	Group Project	Individual Project	Group Project
	ed out at check-in during the Ag ics Show.	Total # of Projects	@ \$45 
certify that the entry is eligible and agree to abide by the less of the current San Angelo Stock Show Premium Book.		Processing Fee  **Please remember to include processing fee one time per club!**  TOTAL	@ \$25 = @ \$10 = L DUE:
CEA	A/AST SIGNATURE		DATE