



Video Entry Course Request

Group Contact Information

of Participants (min. 3, max. 10) _____

Group Contact Name: _____ Email: _____

Address, City, State, Zip: _____

Phone: _____ Video Closing Date Requested: _____

If required. Course will be issued 10-days prior to requested date.

Please send my course(s), group and exhibitor numbers via: Postal Service E-Mail

Courses Requested

Novice Intermediate Advanced Championship

Alt-Novice Alt-Intermediate Alt-Advanced Alt-Championship

Participants will have 10-days from the Course Issue Date below to return the completed video to RFE along with the Video Entry Form. All entries that are mailed must be post marked by the Video Closing Date.

Have fun and good luck!

Video Event Information (RFE will complete the information below)

Video Group#: _____ Video Exhibitor #s: _____

Course(s) Issue Date: _____ Video Closing Date: _____