



CLASS APPROVAL FORM

NAME OF SHOW _____ DATE(S) _____

CITY or TOWN of SHOW _____ STATE _____

SHOW WEBSITE ADDRESS _____

SHOW MANAGER /SECTY. _____

ADDRESS _____

EMAIL _____ PHONE _____

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LIST CLASSES BELOW FOR APPROVAL

1. _____

Indicate the option you choose for class approval:

2. _____

Option 1:
CLASSES _____ X \$ 10.00 = _____

3. _____

Option 2:
_____ \$2/entry per class, mailed in with the results
within 10 days of the show

4. _____

5. _____

MAIL FORM & CHECK TO:
ECRRA
c/o Terry Helder
746 Richmond Rd.
Wrightsville, PA 17368
717-887-6608

6. CHECK IF OFFERING FULL SLATE OF ECRRA CLASSES

SIGNATURE OF SHOW MANAGER/SECTY.