



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. _____

2. _____

3. _____

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.