|  |  |
| --- | --- |
|  Society/Club Name &  District Number: |       |
| Youth Club Name: |        |
| Leader’s Name: |       |
| Address: |       |
|  |       |
| Phone: |       |
| Email: |       |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sec** | **CLASS** | **Description** | **Exhibitor’s Name** | **Age** | **For Convention Use Only** |
|  |  |  |  |  | **1st** | **2nd** | **3rd** | **4th** | **5th** | **HM** |
|  |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |

One (1) copy required:

□ 1. OHA Youth Competition Chair

\*Society/Club to keep a copy for their records, if desired

 Please use a separate sheet for each class.

Convention Year 2023
Youth Competition Entry Sheet