

Name: _____

Date : _____ Competition: _____



PRINTED	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P1
	Title: _____	
	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P2
	Title: _____	
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P3	
Title: _____		
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P4	
Title: _____		
DIGITAL	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D1
	Title: _____	
	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D2
	Title: _____	
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D3	
Title: _____		
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D4	
Title: _____		

For the purposes of in-house competitions:

- EIGHT [8] PEGS = MERIT
- FIVE [5] PEGS = CREDIT
- TWO [2] PEGS = ACCEPTANCE

IMPORTANT NOTE:

It is the members responsibility to hand in this form to the Competition Manager at the end of the night of competition.

Please print clearly and fill in all fields

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	Title: _____	
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P3	
Title: _____		
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	P4	
Title: _____		
DIGITAL	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D1
	Title: _____	
	Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D2
	Title: _____	
Award: <input type="checkbox"/> Merit <input type="checkbox"/> Credit <input type="checkbox"/> Acceptance <input type="checkbox"/> No award	D3	
Title: _____		
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