

SPONSORED BY THE SOUTHERN CALIFORNIA LOCAL BEAD STORE ASSOCIATION

## **ENTRY FORM**

SCLBSA Local Bead Store:				
☐ Stringing Category	☐ Bead Weaving Category			
FIRST NAME		LAST NAME		
ADDRESS		CITY	STATE	ZIP
( )				
PHONE		EMAIL		
Entry Description and In	spiration:			
I declare that I have read given is true and comple	, understand and agree to the to	erms of the F	Rules and Regulations	s and the information
SIGNATURE			DATE	