

GENERAL INSTRUCTIONS

Payments to cover return shipment of exhibits should be by check or money order payable to SACAPEX.

Inquires, entry forms, payments and actual exhibits should be directed to:

SACAPEX Exhibit Chair
Robert Pope
9408 Appalachian Drive
Sacramento, CA 95827
916-583-3027
thepope66@hotmail.com

LOCATION OF SHOW

Scottish Rite Masonic Center
6151 H Street (H at Carlson)
Sacramento, CA

From Business 80 take J Street east to Carlson Drive.

From Highway 50 take Howe Avenue north to Fair Oaks Blvd. And turn left (west) onto Fair Oaks Blvd. to Carlson Drive.

OFFICIAL ENTRY FORM

Please reserve _____ frames for SACAPEX 2018 (**SACAPEX frames hold 16 pages**)

I am exhibiting as an (Adult) / (Junior)

Date of Birth (Juniors only) ____/____/____

I plan to (send) / (deliver) my exhibit.

Sacramento Philatelic Society member: Yes _____ No _____

American Philatelic Society member: Yes _____ No _____

First Time Exhibitor: Yes _____ No _____

Name in show program: Yes _____ No _____

Exhibit Title: _____

Exhibit Description: _____

Exhibitor Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

()

Email _____

I understand this signed application to exhibit at SACAPEX 2018 implies complete understanding and agreement to be bound by the rules and regulations as printed in this prospectus.

Signature: _____ Date: _____

LEAVE THIS SECTION BLANK. SHOW USE ONLY.

Date prospectus received: _____

Date acknowledged: _____

Date exhibit received: _____

Exhibit mounted by: _____

Exhibit dismounted by:

Exhibit picked up by:

Awards: