



PCR Portable Layout/Module Contest Cover Sheet

Entry No. _____
(PCR will assign entry number)

Entrant(s) Name(s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email address(es) (optional) _____

Category (check one) Individual Group

Module Standards Used, If Any: _____

Entry Description: _____

Instructions: (For full details, see the PCR Contest Directory)

Complete a separate Cover Sheet and Entry Form for each entry. Only the work of the entrant(s) is eligible for judging, and only that work should be described on the Entry Form. Additional pages may be attached to the Entry Form. Supplemental information for the optional use of the judges may be placed with the entry.

The entry shall be removed from the contest room within the period set by the Contest Chairman. A signed, valid claim form must be presented to pick up each entry.

Certification:

I affirm that the entrant(s) is(are) a member(s) in good standing of the NMRA and meet all applicable Entry Requirements in Section III of the PCR Contest Directory. I further affirm that all work described on the Entry Form was performed by the entrant(s), and agree that only this work will be considered during judging. I also affirm that this entry has not won First Place in any NMRA National or PCR Regional contest.

I understand that neither PCR nor NMRA assume any responsibility for loss or damage to contest entries.

Region _____ Division _____ NMRA No. _____

Signature _____

Portable Layout/Module Contest Claim Form

Entrant's Name _____ Entry # _____

Signature required for entry pick-up: _____

NOTE > Pick-up time _____ Location _____