



Civil War Postal Exhibition 2019
100 Match Factory Place, Bellefonte, PA 16823-1367
October 24 - 26, 2019

PLEASE PRINT OR TYPE

Name: _____ Home Phone: _____
Cell Phone: _____ E-mail Address: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ APS Member: Yes No APS No. _____
Other Philatelic Memberships: _____

Title of Exhibit: _____
Description (20 words or less): _____

Number of pages: _____ Page size: _____ If youth, date of birth (See rule #10) _____
Language in which the exhibit is prepared: _____
This collection is my property in its entirety: Yes No

Please indicate the Class in which this exhibit is being entered (Choose only one)
 General Single Frame Youth

General Class includes: Advertising Patriotic Event Cover Display Postal History Thematic Topical Traditional Exhibits (Choose one)

Fees: # of frames
_____ Adult single frame exhibit at \$25 \$ _____
_____ Adult multi-frame exhibits at \$15 per frame..... \$ _____
_____ Youth exhibits at \$1 per frame \$ _____
_____ Return Postage (\$30 minimum) \$ _____
Donation to help reduce show expenses \$ _____

Total fee enclosed: \$ _____

PLEASE CONTINUE ON REVERSE

To help determine eligibility for novice awards, please answer the following two questions:

I have exhibited previously No Yes

I have shown this exhibit previously No Locally Nationally

Method of Delivery: _____ Personal _____ U.S. Postal Service _____ FedEx _____ Agent
Please provide name and phone number of Agent _____

Method of Return:

_____ USPS Express Mail

_____ USPS Registered (Insured for \$ _____)

_____ Personal

_____ Agent - Please provide name _____

_____ Other - Please describe _____

Are you planning to attend the show? Yes No

I have read and will comply with all rules and regulations for exhibiting at Civil War Exhibition 2019. If I win the multi-frame grand award in the open competition, I agree to enter my exhibit in the World Series of Philately - Champion of Champion exhibition at the APS Stamp Show in Hartford, Connecticut on August 20 -23, 2020. I understand that no addresses will be listed in the program, so you have my permission to:

List my name OR List me anonymously as _____

I, the undersigned, understand that I will be responsible for insuring my exhibit; I will not hold the American Philatelic Society, Confederate Stamp Alliance, and United States Postal Service and/or their officers, members, or employees liable for loss of or damage to this exhibit.

I agree that the decision of the judges shall be final, and hereby release and agree to hold harmless the judges and Civil War Postal Exhibition 2019, its officers, directors, employees, and representatives from any damages, including but not limited to damages to my reputation or that of my exhibit, suffered or incurred as a result of the judging.

Signature: _____

Printed Name: _____

Date: _____

Signature of Parent or Guardian if Exhibitor is Youth Under Age 18:

_____ Date: _____

Return to: Thomas Lera, 8714 Alegre Circle, Orlando, FL 32836

Deadline for receipt is August 15, 2019 – **Make checks payable to: Confederate Stamp Alliance, Inc.**