

MONARCH SEASONS LEAGUE COMP

Receipt Number: _____

Entry Name: _____ Team Name: _____
 Country/State: _____ Phone Number: _____
 Handler notes* (If have any): _____

NO.	CLASS	TANK	PLACING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NO.	CLASS	TANK	PLACING
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

TOTAL SLOT: _____ AMOUNT: _____ SIGNATURE: _____

I have read and understand the rules and regulations of the competition and agreed to abide by them. I hereby EXCLUDE the organiser(s) and/or their crew(s) from any form of liability whatsoever arising from any lose, damage, illness or death of my entries (beta fish).

PAYMENT	
IN	
OUT	

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