

## **GENERAL INSTRUCTIONS**

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

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

SACAPEX Exhibit Chair: Robert Pope  
850 Wixford Way, Sacramento, CA 95864  
916-583-3027 thepope66@hotmail.com

## **LOCATION OF SHOW**

Elks Lodge #6  
6446 Riverside Blvd.  
Sacramento, CA

## **OFFICIAL ENTRY FORM**

Please reserve \_\_\_\_\_ frames for SACAPEX 2025 (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 2025 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: \_\_\_\_\_