Open High Point Form

Name _____

Age_____Date of show_____

Name of show_____

Judge's name(s)_____

Class Number	Class description	Placing	Points

Total Points earned at this show_____

Please mail to: Kristina Phillips
c/o VCSC Points
1561 Jefferson Ave
Brunswick, OH 44212

Or Email to: vcscpoints@yahoo.com

Member's signature_____

Show secretary's signature_____