

# CAN/AM CON 2026

## MODEL ENTRY FORM

Registration #: \_\_\_\_\_ (Will be assigned at registration)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Entry Number	Category	Entry Title
1		
2		
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14		
15		
16		

\*Please use additional forms for more models