

**SPSBS YOUNG EXHIBITORS AWARD SCHEME**

I wish to enter the SPSBS Young Exhibitors Award Scheme. I agree to abide by the Scheme rules.

Name ..... Mem No.....

Address .....

.....

Post Code ..... Tel No .....

Signature ..... Date of Birth.....

**Please complete the above, and return with the entry fee of £5 to SPSBS, Shetland House, 22 York Place, Perth PH2 8EH by 1<sup>st</sup> May.**