

FINALS AWARDS **VETERANS**

DO NOT WRITE IN THIS BOX

Ring Number

Date: _____

Judge Name: _____ Judge Signature: _____

Master Clerk Name: _____ Master Clerk Signature: _____

X applicable box

RING TYPE AB

VETERANS			
Entry #			
1			
2			
3			
4			
5			
6*			
7*			
8*			
9*			
10*			

*If applicable