



**THAMESPEX 2019  
OFFICIAL EXHIBIT ENTRY FORM**

We extend to you this personal invitation  
to exhibit your collection at:

**THAMESPEX 2019  
CLARK LANE MIDDLE SCHOOL  
105 CLARK LANE, WATERFORD, CT 06385**

**THAMESPEX 2019 COMMEMORATES  
25 YEARS AGO, DEACTIVATED APRIL 1994  
"LAST OF THE 41 FOR FREEDOM"  
USS MARIANO G. VALLEJO (SSBN 658)**



**THAMES STAMP CLUB  
Clark Lane Middle School  
Waterford, CT - Oct 20, 2019**

**Exhibition Date: 20 October 2019**

**Entry Form Deadline: 15 October 2019**

**Mail Forms to: Obie Hill, 1500 RT 12, Lot 11, Gales Ferry, CT 06335-1839**

**Mail in exhibits to: Obie Hill, 1500 RT 12, Lot 11, Gales Ferry, CT 06335-1839**

**- To be received no later than 17 October 2019.**

**I/My personal representative will mount my exhibit: YES ( ) NO ( )**

**Enter under classification number (circle) appropriate number: 1 2 3 4 5 6 7 8 9 10 11**

- |                          |                          |                            |                           |
|--------------------------|--------------------------|----------------------------|---------------------------|
| <b>1. Traditional</b>    | <b>3. Postal History</b> | <b>5. Topical/Thematic</b> | <b>7. Display Class</b>   |
| <b>2. Post Cards</b>     | <b>4. Air Mail</b>       | <b>6. First Day Covers</b> | <b>8. Special Studies</b> |
| <b>9. Junior Exhibit</b> | <b>10. Single Frame</b>  | <b>11. Honor Class</b>     |                           |

**EXHIBIT TITLE: \_\_\_\_\_**

**Exhibit Description (25 words or less):**

**My exhibit will require \_\_\_\_\_ frames @ \$5.00 each, (Classes 1-8 & 11)[See Rule No. 14]: \$ \_\_\_\_\_**

**My exhibit will require one frame @ \$8.00 each: \$ \_\_\_\_\_**

**List my name in the exhibit program: YES ( ) NO ( )**

**I am a first time exhibitor: YES ( ) NO ( )**

**To be considered for special awards, I am listing my club or society affiliations:**

**My exhibit will be picked up at the show: YES ( ) NO ( )**

**Return exhibit per attached instructions: Express Mail - \$ \_\_\_\_\_**

**Registered - \$ \_\_\_\_\_**

**Amount of insurance desired - \$ \_\_\_\_\_**

**TOTAL remitted for frames, postage, and insurance - \$ \_\_\_\_\_**

**NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_**

**ADDRESS \_\_\_\_\_**

**CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**