**BucksVision Showcase 2018 Entry Form**

**Name:**

If your details are not already known to BucksVision please complete the following:

**Address:**

**Phone Number:**

These details will only be used with regard to your entry into the Showcase.

**Entry information**

**Please list the number and name of all classes you wish to enter below:**

As outlined in the Showcase programme in order to ensure the competition is as fair as possible entries will be judged in categories according to levels of sight loss.

Please select your category below:

**NR PS B TB**

(A description of each category can be found in the Showcase programme)

**Please return your entry forms to:**

**P: BucksVision, 143 Meadowcroft, Aylesbury HP19 9HH**

**E: adeuchars@bucksvision.co.uk**

**Closing date for Entries is 29 June 2018**