

Shamrock XXVI
Entry Label Form
Attach one form per Container

Name:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Beer Name:	<input type="text"/>
Category #:	<input type="text"/>
Sub-Cat Ltr:	<input type="text"/>
Entry #:	<input type="text"/>

*Homemade product for competition entry

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