

Copy 1:  
**FAX BY 7/16,**  
 then send w/pmt  
 Copy 2: send w/wine

**2010 MICHIGAN WINE AND SPIRITS COMPETITION  
 ENTRY FORM  
 ALL ENTRY FORMS MUST BE RECEIVED BY JULY 16, 2010  
 WINES MUST ARRIVE JULY 12-JULY 22, 2010**

SEND WINE [(3) 750ml, (4) 375ml, (2) 375ml spirits per entry] TO:

Michigan Department of Agriculture  
 Wine Competition  
 525 W. Allegan St.  
 Lansing, MI 48933

MAIL PAYMENT (w/copy of entry form) TO:

Karel Bush  
 Michigan Department of Agriculture  
 PO Box 30776  
 Lansing, MI 48909-8276

Winery Name/Brand on Label	
Contact Person	Phone
Mailing Address/City/State/Zip	
Signature	Date

<b>2010 FEES – DUE BY 7/22/10</b>	
No. of Wine Entries _____	x \$40 ea. = \$ _____
Administrative Fee - per winery .....	+ \$ <b>25</b>
Total Enclosed .....\$ _____	
Method of Payment:	
<input type="checkbox"/> Check payable to Michigan Dept. of Agriculture	
<input type="checkbox"/> Credit Card: Please complete separate Credit Card Payment Form	

By signing this form, entrant certifies that all rules and regulations have been read and are incorporated herein by reference and become a part of the contract between the entering winery and the Michigan Dept. of Agriculture.

Class Code (4 digits)	Vintage	Name of Wine	Appella- tion/AVA	Varietal Breakdown % (Approximation required)	RS %	LH/ Ice*	# Cases Avail.	Office Use
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		
						<input type="checkbox"/> LH <input type="checkbox"/> Ice		

*\*If your wine is to be judged as a Late Harvest or Ice Wine, and it meets TTB label requirements, mark the appropriate box. See Instructions for more information.*

If needed, copy this form and mark at top of page (e.g., page 1/2, page 2/2).

**Questions? Contact Karel Bush at 517-241-4468 or bushk9@michigan.gov.**