



**European Championship
of Thematic Philately 2027**
Bulle 15– 17 April 2027



EXHIBIT APPLICATION FORM

Fill in a separate form for each exhibit. Please type or write in BLOCK letters.
This form must be returned through the Commissioners to reach the
Commissioner General by **November, 15, 2026**

FEPA / FIP IDENTITY NUMBER:			First Time Entry - YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Surname:	First Name:
Pseudonym (if any):		Date of birth: (Youth Class only)		Tel:
Email:				Fax:
Address:				Country:

Title of this exhibit (in English):

Previous title in the last FEPA/FIP exhibition (MUST indicate if different from above):

Short description of the exhibit (in English):

Introduction page included - YES NO Synopsis included - YES NO

Exhibit class (1 to 9) :	Number of frames:	Dimensions of sheets:
		 A = cm B = cm

PAST AWARDS RECEIVED

FIP Patronage World Exhibitions/FIP Recognition Exhibitions	LG	G	LV	V	LS	S	SB	B
International (FIAP/FEPA/FIAF) Exhibitions								
National Exhibitions:								

- The undersigned (exhibitor) hereby**
- (1) agrees to accept the individual regulations (IREX) applying to ECTP 2027
 - (2) confirms that the exhibit is owned by me (GREX Article 11.2)
 - (3) The exhibit is adequately insured for transport and storage at the exhibition

FOR SWISS EXHIBITORS ONLY: I wish to take out insurance with the Federation of Swiss Philatelic Societies.
YES NO

Signature: _____ **Date:** _____

Commissioner's declarations:
Remarks: I confirm that the above information is correct

Signature: _____ **Date:** _____