

Fill out one form for each photograph and attach to the back of the photo. Please print legibly.

Photo Title: _____

Location Taken: _____ Date Taken (if known): _____

Your Name: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Signature: _____

*For parent or guardian of underage children: I am the parent / guardian of this entrant, and I declare that I've read the contest rules and I am satisfied that it would benefit the interest of: (name and birthday of entrant):

_____ to participate on the basis of those rules, terms, and conditions.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Circle Category Entered: **Youth** **Cell Phone** **Wildlife (Avian or Fauna)** **Plants / Fungi**

Landscape / Scenic

People in Nature

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