

MHEA PHOTOGRAPHY CONTEST

Pre-Register by May 1st to leahg1028@gmail.com with the following information:

(1) Photographer's Name (2) Age Category (3) Number of entries (4) Size of entry

List in the Subject Line: MHEA PHOTO CONTEST

Entry Form

Artist Information

Category: Check one category	_____ #1 - Ages 9-13		_____ #2 - Ages 14-18	
Name:				
Address:	Street			
	City	State	Zip	
Phone:	()			
Email:				
Birth Date:	Month	Day	Year	

Photograph Information

Size:	_____ " X _____ "
Brief Description:	

Payment Information

Make check or money order payable to MHEA

Amount:	\$_____ (\$10.00 per entry- max. of 2 entries per person)
Check #:	

Entry Certification

By signing my name below, I certify that the information provided above is accurate and complete to the best of my ability. I certify that the photograph being submitted is the entrant's own creation and not copied from any other source. I agree to abide by the guidelines of this contest and understand that all judgments are final and interpretation of the guidelines is at MHEA's sole discretion. I understand that by submitting my photograph, I am giving MHEA the right to publish my work in future publications.

Photographer's Signature Date Parent/Guardian's Signature Date

Bring this Entry Form along with your photograph(s) to the Colvard Student Union Bldg. at the specified time. Do not mail it in. Please make sure you have read all Photo Contest Guidelines.

Pre-Register with the information listed above by May 1st to:

Leah Gregory - leahg1028@gmail.com

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