

REGISTRATION FORM – PHOTO COMPETITION 2017

PHOTOGRAPHER'S NAME: _____

ADDRESS: _____

PHONE # & EMAIL ADDRESS: _____

ENTRY CATEGORY: (Please check only one category. Choose the one with the criteria that suits your situation most closely.)

_____ Professional (earns more than 50% of income thru photography)

_____ Amateur (practices photography for pleasure)

_____ Youth (17 years of age, or less)

NUMBER OF PHOTOS YOU ARE SUBMITTING: _____

- I agree to have my submitted photos displayed by HCWA at the National Drinking Water Week celebration, to be held on Saturday, April 29, 2017. Photos will be on display at the Tussahaw Water Treatment Facility.
- Each photo must have the photographer's name and a contact # clearly displayed on the back of the photo.
- Photos and Registration forms must be received by HCWA no later than 4PM on Friday, April 21, 2017. Details of where to mail or deliver photos are outlined in the Contest Announcement, which is posted on the HCWA website. www.hcwa.com
- Ribbons will be awarded on April 29, 2017. Decisions of the judges are final.

I (name) _____ have read and understand the rules of the 2017 Photo Competition, and agree to all terms listed above.

(Signature) _____

Please ensure that you include this completed registration form with all photo entries.