

Photograph entry form

Full Name of photographer : _____
(Your name)

FACUG Group Affiliation: _____
(Name of your Computer Club)

Your E-mail address: _____

Your Mailing address: _____

City: _____ State: _____ Zip code: _____

Your age: _____ Telephone number: _____

Title of Photograph: _____

Date photograph was taken: _____

(FOR FACUG USE ONLY)

Entry Number: _____ Date Received: _____

form FACUG - 001

(Cut out and attach to the back of the mounted photograph)