

Loxahatchee River Photography Competition Entry Form

****Please complete one entry form for every photo submitted.**

Photographer's Name: _____

Photograph Name: _____

Site where photo was taken: _____

Level: _____ Category: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Notes: _____

By submitting your photo(s), you agree to allow The Loxahatchee River District and the River Center to publish the image(s) in the future in any medium, with a photo credit. By signing this form you indicate that you read and agree to all contest rules. Your signature indicates you have taken the photo(s) and have all rights to its/their distribution and use.

Signature _____ Date: _____

Note: If photographer was younger than 18 years of age on February 1, 2010, the parent/guardian must also sign below.

Parent/Guardian Signature _____ Date: _____

Mail Completed form(s) along with CD(s) to:
River Center
Attn: Kristen Ruest
805 N US Hwy 1, Jupiter, FL 33477
561-743-7123



Level: _____

Category: _____

Name: _____

Phone Number: _____

Notes: _____

Entry Number (For Center Use): _____



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