



JEFFERSON COUNTY PHOTOGRAPHY CLUB

PHOTOGRAPHERS INFORMATION SHEET

(ALL INFORMATION MUST BE COMPLETED)

NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

NUMBER OF PHOTOS ENTERED _____

PAYMENT METHOD AND AMOUNT: CASH _____ CHECK # _____

VERIFIED (INITIALS OF RECEIVING CLUB MEMBER) _____

WILL YOU BE ATTENDING THE SHOW? YES NO DON'T KNOW (circle one)

PHOTOS WILL BE AVAILABLE AND MUST BE PICKED UP AT THE CONCLUSION OF THE AWARDS CEREMONY. IF YOU ARE UNABLE TO ATTEND, PLEASE MAKE PLANS WITH A FRIEND OR FAMILY MEMBER TO PICK THEM UP. THOSE LEFT BEHIND WILL BE DONATED AS FLASH PHOTOS FOR ALZHEIMER PATIENTS FOR COGNITIVE PHOTOGRAPHIC RECOLLECTIONS.

HOW DID YOU HEAR ABOUT THE SHOW? _____

ARE YOU A PAST PARTICIPANT? _____

I GIVE PERMISSION TO THE JEFFERSON COUNTY PHOTOGRAPHY CLUB TO USE MY PHOTOGRAPH(S), CREDIT WILL BE GIVEN TO ME FOR MY ORIGINAL WORK, ON THE JEFFERSON COUNTY PHOTOGRAPHY CLUB WEBSITE AND ON SOCIAL MEDIA FOR THE PROMOTION OF PHOTOGRAPHY AND THE CLUB.

PHOTOGRAPHERS SIGNATURE _____

DATE _____