

Entry Form
EYES ON HALTON PHOTO CONTEST

Last Name:	First Name:
Street Address:	City:
E-mail Address:	Contact Number:

IMAGE INFORMATION

Entry # File name: lastnamefirstnameimage # (no special characters)

# 1	
# 2	
# 3	
# 4	
# 5	

Entry fee: \$15 x _____ entries = \$_____

If sending by mail: mail entry form to:

FASM
P.O. Box 23067 Stn. Main
Milton, ON
L9T 5B4

Make cheques payable to Fine Arts Society of Milton

If sending on-line: Send images and entry form to:

fasminfo@gmail.com

Pay by e-transfer to above. Security word: **contest**

I certify that this is my original work. I have read, understand and agree to abide by the rules of the FASM Photo Contest. I will accept and abide by the decisions of the judges regarding the winners of the contest. I agree that I hold harmless and its contest personnel and judges in any dispute arising from my participation in the Eyes on Halton Photo Contest.

My signature below signifies my agreement with the contest.

Signature: _____

Date: _____