Ruth and Charles Gilb
Arcadia Historical Museum

ENTRY FORM

Full Name:

_____

Address:

_____

City: _____ Zip: _____

Phone number:_____

E-Mail Address:

_____

Location where photograph was taken:

_____

Entry Title:

_____

Please attach a photo description (connection to Arcadia under 150 words) to this form or write on the following lines:

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I am responsible for obtaining full permission, consent and agreement of any person depicted in the photographs submitted for consideration in the Arcadia Photography Contest and Exhibition. In accordance with the rules stated, I affirm the photo was taken by the undersigned and adheres to all contest rules on the flyer. Photos not picked up before December 30, 2010 shall become the property of the Ruth & Charles Gilb Arcadia Historical Museum.

Signature of Participant: _____ *Date:* _____