



## 2024 AEHS AMATEUR PHOTOGRAPHY CONTEST OFFICIAL EARLY ENTRY FORM

FULL NAME: \_\_\_\_\_

PREFERRED NAME AS YOU WOULD LIKE IT TO APPEAR IN OUR PUBLICATIONS (IF DIFFERENT):

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### PHOTOGRAPH TITLES

(MAXIMUM OF 4 PHOTOGRAPHS IF FORM IS SUBMITTED BEFORE SEPTEMBER 30<sup>TH</sup>, 2024):

#1) \_\_\_\_\_

#2) \_\_\_\_\_

#3) \_\_\_\_\_

#4) \_\_\_\_\_

### DECLARATION

*I confirm that I am a member in good standing of AEHS. I agree to abide by the "AEHS Amateur Photography Contest Rules" as set forth by AEHS. I also agree that AEHS officers & directors shall not be liable, without limitations, for any claims based on publicity rights, defamation, or invasion of privacy. I further certify that all information I have provided to the AEHS photography contest is true & correct.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If the submission is by a minor, this entry form needs to be signed by a parent or legal guardian to indicate that the parent/guardian consents.*

NAME: \_\_\_\_\_

*Name of parent or guardian*

SIGNATURE: \_\_\_\_\_

*Signature of parent or guardian*