******

***2018 Views of Cave Hill Cemetery Photography Contest***

***Sponsored by: Cave Hill Heritage Foundation, Inc.***

# Contest Entry Form

**Please print legibly or type.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entry Information:**

|  |  |
| --- | --- |
|  | **Title** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**CONTEST IS FREE AND OPEN TO THE GENERAL PUBLIC.**

**DIGITAL ENTRIES ONLY.**

Entering The Views of Cave Hill Cemetery Photography contest grants the Cave Hill Heritage Foundation the right to reproduce, publish, and publicly display the submitted photograph(s) in print or electronic form for educational and promotional purposes without further compensation. Reproduction and display of entries will include photographer credit. The submitted photograph(s) will become the property of the Cave Hill Heritage Foundation and its affiliates. All other rights to these photograph(s) will be retained by the photographer. A complete copy of the Official Rules is available at [www.cavehillcemetery.com](http://www.cavehillcemetery.com)

*Entries will be accepted between* ***January 1, 2018 and September 7, 2018***

I understand and agree to the Official Rules and certify that all photos were taken by me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

For participants under the age of 18, a parent or legal guardian must complete the following:

I have read the contest rules and his/her participation is with my permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date