



"BEST OF AUGUSTA" PHOTO CONTEST

ENTRY FORM FOR ALL AGES

PHOTO TITLE: _____

Place in Augusta: _____

Photographer: _____ Date of Photo: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code _____

Email: _____

How did you find out about this photo contest? _____

I extend the rights of my 4" x 6" photograph to the Town of Augusta for its use.

Adult/Teen Signature: _____ Date: _____

OR

Kid's (12 & under) Signature: _____

Parent Signature: _____ Date: _____

Please mail this completed entry form with one 4 x 6 photograph printed on photo paper to the following address:

"Best of Augusta" Photo Contest

PO Box 42

Augusta, MO 63332

Additional Photo Contest Information: www.townofaugustamo.org