

THE FIRST ANNUAL WILL GROSSMAN MEMORIAL PHOTO COMPETITION

ENTRY FORM: Please type or print legibly

Name _____

Address _____

City _____ ST _____ Zip _____

Phone Day _____ Phone Evening _____

Email _____

I confirm that work submitted to the First Annual Will Grossman Memorial Photo Competition is my original creation and that I agree to the stated rules.

Artist's signature _____ Date _____

Parent or Guardian if under 18 _____ Date _____

WILL GROSSMAN PHOTO COMPETITION
ENTRY 1
NAME: _____
TITLE: _____

PROCESS: _____

PRICE: _____

YEAR CREATED: _____
DESCRIPTIVE INFORMATION: _____

WILL GROSSMAN PHOTO COMPETITION
ENTRY 2
NAME: _____
TITLE: _____

PROCESS: _____

PRICE: _____

YEAR CREATED: _____
DESCRIPTIVE INFORMATION: _____

WILL GROSSMAN PHOTO COMPETITION
ENTRY 3
NAME: _____
TITLE: _____

PROCESS: _____

PRICE: _____

YEAR CREATED: _____
DESCRIPTIVE INFORMATION: _____

ATTACH THESE TAGS TO THE BACK OF YOUR ART BEFORE DELIVERY TO
THROUGH THIS LENS 303 EAST CHAPEL HILL STREET DURHAM NC 27701