

**Please Complete**

Name \_\_\_\_\_  
 Studio \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Business Phone \_\_\_\_\_

**For Association Use Only**

# Photographic ENTRY FORM

**Circle Type of Entry**  
 General Student    Master    Out-of-State

Classification	Item	Title	Score	Review	Seal
Circle Letter <b>P</b> - Portrait <b>W</b> - Wedding <b>A</b> - Album <b>I</b> - Illustrative <b>C</b> - Commercial	<b>A</b>	_____ Title of Photograph _____ Title of Photograph (continued) <input type="checkbox"/> Check if appropriate model releases are on file.			
Circle Letter <b>P</b> - Portrait <b>W</b> - Wedding <b>A</b> - Album <b>I</b> - Illustrative <b>C</b> - Commercial	<b>B</b>	_____ Title of Photograph _____ Title of Photograph (continued) <input type="checkbox"/> Check if appropriate model releases are on file.			
Circle Letter <b>P</b> - Portrait <b>W</b> - Wedding <b>A</b> - Album <b>I</b> - Illustrative <b>C</b> - Commercial	<b>C</b>	_____ Title of Photograph _____ Title of Photograph (continued) <input type="checkbox"/> Check if appropriate model releases are on file.			
Circle Letter <b>P</b> - Portrait <b>W</b> - Wedding <b>A</b> - Album <b>I</b> - Illustrative <b>C</b> - Commercial		_____ Title of Photograph _____ Title of Photograph (continued) <input type="checkbox"/> Check if appropriate model releases are on file.			

**Entry Fees** Checks payable to Professional Photographers of Iowa

PP of Iowa Members	<b>\$40.00</b> (per case)
Out-of-State Members	<b>\$50.00</b> (per case)
Student	<b>\$25.00</b> (per case)
Prints for score only	<b>\$25.00</b> (Maximum of four)

**Instructions**

1) Print all names, addresses, titles, etc. 2) Circle appropriate classifications. 3) Sign the statement of certification. Do not fold this form. 4) Include entry fee with this form.

## Certification

This is to certify that I have created, composed and made the original exposures and that the processing, printing and any special effects were done by me or under my direction. I understand this statement and I also understand that a loss of five (5) Professional Photographers of Iowa Fellowship points will be incurred if the above statement is proven false. I have obtained all necessary releases and agree to hold the Professional Photographers of Iowa and the PPA harmless against all claims and liabilities arising out of consideration, display, publication, promotion or other use of each photograph or other materials submitted.

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