



ENTRY FORM

First & Last Name _____ AGE (If 17 and Under) _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Category 1 – Landscapes, Water, Plants, Trees

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Category 2 – Animals, Insects, Birds

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Category 3 – People enjoying our parks

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Photo Title: _____ Location where taken: _____

Send your entry form and photos (total maximum of nine photos) to Preble County Park District, P.O. Box 577, Lewisburg, OH 45338, by August 31, 2023. Email your entry form and pictures (total maximum of nine photos) to pcpdevents@gmail.com. Contest is free.

Winners will be announced at the Preble County Park District 20th Anniversary Celebration, Saturday, September 9, 2023, 4pm-8pm @ Wild Hearts African Farms, 8079 Salem Rd, Lewisburg, OH 45338.

Photo Release Form

Permission for Preble County Park District & Wild Hearts African Farm to Use Photograph(s) in 2023 Photo Contest.

I grant to the Preble County Park District (PCPD) and/or Wild Hearts African Farm (WHAF) the right to use my photos and take photographs of me and my family in connection with the above-identified event. I authorize the PCPD and or WHAF, its assignees and transferees (includes Newspapers and Preble County) to copyright, use and publish the same in print and/or electronically. I agree that the PCPD and/or WHAF may use such photographs and photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

___ I have read and understand the above release.

___ I have read and understand the contest rules.

___ I declare that I am the author and sole owner of the photograph submitted.

Signature: _____ Printed Name: _____

Signature of parent or guardian if under 18: _____ Date: _____