

## Professional Photographers of the Ozarks Entry Form

Maker's Name: \_\_\_\_\_

Studio Name: \_\_\_\_\_ PPA #: \_\_\_\_\_

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

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

Salon Division       General Division       First Time Entry

Spring print case fee:      \$20

Fall print case fee:      \$35

Fall print case fee students:      \$20

Dues must be paid to enter. If dues have not been paid, enclose a separate check for \$40. Make checks payable to Professional Photographers of the Ozarks.

Office Use Only	Case No.
Amount paid _____	
Date Received _____	

Category	Title	Number	Initial Score	Final Score

**Certification:** This is to certify that I have composed, created and made the original exposure and that any processing, printing or effects were done by me or under my direction.

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