

District 47 Photo Contest

I am the parent or legal guardian of the minor child whose signature appears below, and I hereby give my consent to the minor entering the District 47 Photo Contest.

I have read and accept the Contest's Official Rules and Criteria, including all regulations and conditions stated, on my and my child's behalf. I understand that my child's photograph(s) will not be included in the competition without this signed and fully completed form.

Parent/Guardian Signature X _____, Date _____

Youth Signature X _____, Date _____

Parent/Guardian Name:

Parent/Guardian Address:

Parent/Guardian Phone Number:

Parent/Guardian E-mail:

Child Name:

Age:

Date of Birth (m/dd/yyyy):

Child Address:

Short Description of Photo – Why is this place special to you? The public/judges would love to hear your stories!

Thank you for your child's participation. We are excited to see their unique perspective of the 47th District!

Please email the completed scanned form with photo submission(s) to HD47photos@pahousegop.com by Nov. 3 at 11:59 p.m.