



The undersigned

Surname: _____

Name: _____

Residing at: _____

Street/Square: _____

No.: _____

ZIP code: _____

E-mail: _____

Tel./cell.: _____

DECLARE: to want to participate in the "Shots in the Library" Photography Contest

ALSO DECLARE to have read, understood, and accepted the participation regulations in all their parts, together with this **form 1**, and **form 2 (release)**

AND PROVIDE

1. Title of the photograph:

Brief description of the photograph _____

Place where the photograph was taken: _____

2. Title of the photograph:

Brief description of the photograph _____

Place where the photograph was taken: _____



3. **Title of the photograph:**

Brief description of the photograph _____

Place where the photograph was taken: _____

4. **Title of the photograph:**

Brief description of the photograph _____

Place where the photograph was taken: _____

5. **Title of the photograph:**

Brief description of the photograph _____

Place where the photograph was taken: _____

Submission date _____

Signature _____