

YWA WATER PHOTO EXHIBIT ENTRY

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Phone: _____

EMAIL: _____

Willing to Volunteer to Sit Gallery One (1) Day: _____

Title: _____

Image: Width inches: _____ **Height inches:** _____

Mat: Width inches: _____ **Height inches:** _____

Retail Price: _____ **YWA Entry Number (To be Assigned):** _____

Title: _____

Image: Width inches: _____ **Height inches:** _____

Mat: Width inches: _____ **Height inches:** _____

Retail Price: _____ **YWA Entry Number (To be Assigned):** _____

Title: _____

Image: Width inches: _____ **Height inches:** _____

Mat: Width inches: _____ **Height inches:** _____

Retail Price: _____ **YWA Entry Number (To be Assigned):** _____

Note: Please leave YWA Entry Number Blank as we will assign it. If you have more than three (3) entries, repeat this form. Attach the form(s) to you email entry with JPEGs of the images and copy of your PayPal receipt. You also may put the above information in the body of your email.