

CEMETERYSCAPE 2009 ENTRY FORM

Complete a section of this form for each of your entries and return it with a *disc* of your photos to: **P. O. Box 58105, New Orleans, LA 70158-8105**. Include a \$10 entry fee per photo (4 photos maximum), made payable to **Save Our Cemeteries**.

1. Photographer: _____

Title: _____ Price _____

Approximate Size Framed: _____

Cemetery Name and Location:

Black and White
 Color
 Montage
 Manipulated Image (Explain: _____)

For SOC use only: Accepted Not Accepted

2. Photographer: _____

Title: _____ Price _____

Approximate Size Framed: _____

Cemetery Name and Location:

Black and White
 Color
 Montage
 Manipulated Image (Explain: _____)

For SOC use only: Accepted Not Accepted

3. Photographer: _____

Title: _____ Price _____

Approximate Size Framed: _____

Cemetery Name and Location:

Black and White
 Color
 Montage
 Manipulated Image (Explain: _____)

For SOC use only: Accepted Not Accepted

4. Photographer: _____

Title: _____ Price _____

Approximate Size Framed: _____

Cemetery Name and Location:

Black and White
 Color
 Montage
 Manipulated Image (Explain: _____)

For SOC use only: Accepted Not Accepted

Name _____ Address _____

_____ Phone _____ Email Address _____