**BucksVision Photographic Competition 2020**

**Entry Form**

|  |  |
| --- | --- |
| Entrants Full Name: |  |
| Address: |  |
| Postcode: |  |
| Email Address: |  |
| Daytime Tel No: |  |
| Evening Tel No: |  |
| Are you aged 18 or above?  | Yes / No (If No then a parent or guardian must complete their details below, plus age of entrant) ( ) Age |
| Do you have sight loss?\* | Yes / No |

\*This is for monitoring purposes only. There is no requirement to answer this question

**Parental or Guardian Details**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Postcode: |  |
| Email Address: |  |
| Daytime Tel No: |  |
| Evening Tel No: |  |
| Relationship with Entrant |  |

**Photography Details**

|  |  |  |
| --- | --- | --- |
|  | Location of Photograph |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

**You can enter up to 10 photos into the competition. Please send entries to** **reception@bucksvision.co.uk** **along with your entry form.**

**Deadline for receiving entries is Monday 2 November.**

**Please sign below to confirm that you agree to the terms and conditions of the competition.** **If the entrant if under 18, a parent or guardian must sign below on their behalf.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Signature:** |  |