**BucksVision Photographic Competition 2019**

**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) |
| Do you have sight loss?\* | Yes / No/ Do not wish to disclose |

\*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. |  | £2.50 |
| 2. |  | £2.50 |
| 3. |  | £2.50 |
| 4. |  | £2.50 |
| 5. |  | £2.50 |
|  |  |  |
|  | **Total Entry Fee** | **£** |

**You can enter up to 5 photos into the competition. Please include payment with your entry. Payment can be made via card or by cheque.**

|  |  |
| --- | --- |
|  | I enclose a Cheque for £ (please make cheques payable to BucksVision) |
|  | I would like to pay by Card (we will call you to collect payment by card) |

**Deadline for receiving entries is Sunday 28 April**

**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:** |  |