



# Make Your Mark Art & Photo Contest

## Entry Form

(This form must be completed and attached to the back of each entry)

Name: \_\_\_\_\_ AjPHA ID No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of January 1: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(By Signing below, I agree to all rules of the AjPHA Art and Photo Contest.)**

Signature of Contestant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## Model Release

(Required if a person, other than yourself, is featured in your entry)

I, (person being photographed) \_\_\_\_\_, hereby give the  
Photographer, \_\_\_\_\_, permission to use my picture and  
authorize the use and reproduction of it by you, or anyone authorized by you. This includes any and all photographs which you have taken  
of me this day, for any purpose whatsoever without further compensation to me. I understand that your photograph could be used in any  
advertising for the American Paint Horse Association if they so choose.

Signature of Model: \_\_\_\_\_

Printed Name of Model: \_\_\_\_\_

Signature of Parent/Guardian if model is a minor: \_\_\_\_\_

**Mail your entry to: AjPHA Make Your Mark Art & Photo Contest  
Attn.: Director of Youth Activities, 122 East Exchange Ave. – Suite 420 Fort Worth, TX 76164**