

Signature of entrant _

2024 GURWIN PHOTO CONTEST APPLICATION

Date _

Gurwin Jewish Nursing & Rehabilitation Center

Enter Your Photos in the Following Categories:

Landscapes
Travel
People
Pets
Children
Nature
Wildlife
Still Life
Altered/Enhanced
Student
Long Island/New York
Action/Sports Please fill
out the entire application form. All entries must be titled and assigned a category.

| <u>Title</u> | <u>Category</u> |
|--|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| | |
| Name | |
| Address | |
| City | e Zip |
| Email | phone |
| ☐ Photographer is <u>under the age o</u> | f 18 or is 18 and in high school (if entering in Student Category) |
| Please enclose \$5 per entry (maximum of 7 entries per ph be sent for multiple entries. | notographer). One check/money order/charge may |
| entries at \$5 per entry = total enclosed \$ | |
| | ☐ MasterCard ☐ Visa ☐ Amex |
| Make check or money order payable to "Gurwin" and send with entries to: | Card Number |
| Corporate Communications Office Photo Contest Gurwin Jewish Nursing & Rehabilitation Center 50 Hauppauge Road Commack, NY 11725 | |
| | Expiration Date |
| | Signature |
| I have read the competition rules and I agree to comply with | |
| photographer, and not a photographer by trade. I have the from my recognizable subjects. | original negative or file, and if necessary, permission |