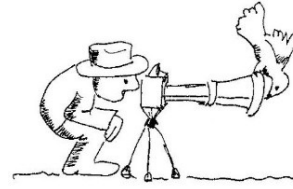


# Photo Show Submission Sheet



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*(Please fill in electronically and print out, or print the blank form and fill in by hand neatly)*

Title of Print	Category
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