

**LYME-OLD LYME CONSERVATION TRUSTS
PHOTO CONTEST ENTRY FORM**

NAME: _____
(PLEASE DO NOT WRITE YOUR NAME ON THE PICTURE OR MAT)

STREET ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

AGE OF PHOTOGRAPHER WHEN PHOTO WAS TAKEN: _____

TITLE OF IMAGE: _____

EXACT LOCATION IMAGE WAS TAKEN: _____

CATEGORY OF PHOTOGRAPH (Check One):

Landscapes/Waterscapes _____ Plants _____ Wildlife _____ Cultural/Historic _____

I hereby agree to the Rules of the Contest and certify that the photograph submitted is original and of my own creation, physically taken in or of the towns of Lyme or Old Lyme, and that publication of the image will not violate the rights of any kind of third party.

If the photographer is under eighteen years of age, the form must also be signed by the Parent/Guardian.

_____ Date: _____

Parent/Guardian: _____ Date: _____

This entry form and matted photo should be dropped off at the Old Lyme Library during the month of January or mailed by January 31, 2008 to:

**Lyme-Old Lyme Conservation Trusts' Photo Contest
P. O. Box 1002
Old Lyme, CT 06371**

Any questions regarding the contest can be directed to:

LymeOldLymePhotos@yahoo.com