

## Photograph label form

ATOMICSTeAM<sub>photography show</sub>

### CONTACT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

### PHOTOGRAPH INFORMATION

Title of Photograph	Where Taken	Category

Reproduce this form as needed if submitting more than 2 entries

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