

# THROUGH MY LENS

# Photo Contest

## Photograph Submission & Release Form



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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Please write the title of your photo(s) below:

Photo Title (1):
Photo Title (2):
Photo Title (3):
Photo Title (4):
Photo Title (5):

I hereby grant permission for Greater Los Angeles County Vector Control District to use my photograph submission(s) in publications, social media, and other communications related to the mission of GLACVCD.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_