

PLEASE SAVE TO DESKTOP — BEFORE FILLING FORM

ARMY AVIATION Magazine Photography Contest

Entry Form (*One form per photograph entered*)

Legal Name (First, MI, Last): _____

Rank (if serving or retired - indicate status if Active, Guard, Reserve or Retired): _____

Unit, organization or office designation: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: _____ Home or Cell Telephone: _____

Email Address: _____

AAAA Chapter Affiliation: _____

File Name of the Digital Photo: (*.jpg): _____

Title of the Photograph: _____

Date Photo Taken (Day/Month/Year): _____

Location of the Photo: _____

Description of Events in the Photo: _____

I have read and understand the official rules governing the ARMY AVIATION Magazine photography contest. I certify that my photographic entry is my own work and that I have not altered the photograph in any way, manner or means. I am a current member of AAAA in good standing. I understand that my failure to abide by the submission requirements and rules could render me ineligible as a contestant. If I am a winner, I will provide AAPI with a valid social security number for tax reporting purposes. I hereby grant permission to AAPI and the AAAA to publish my image on the AAAA website, in ARMY AVIATION Magazine, in calendars, and other AAPI/AAAA products and publications.

Contestant's Signature

Date

Send entries as digital photographs along with this entry form, via email to photos@quad-a.org