

PSA Councils Challenge 2008

ENTRY FORM

(Council Name)

Council Representative _____ Phone () _____

Representative Address _____ Email _____

Representative City _____ State _____ Zip _____

Entry No.	Circle One: FILM SLIDES PROJECTED DIGITAL IMAGES PRINTS			Score	Award
	Title	Photographer Name			
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
				Council Total	_____

Entry Fee: \$15 per Division Check Payable to: **PSA**
For each division, Mail Entry Form, 10 Images, and \$15 Fee

To: **PSA Councils Challenge**
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