
**2010 DESTINATION SALEM
DISCOVER THE MAGIC OF SALEM
PHOTOGRAPHY CONTEST ENTRY FORM**

Please copy this form into the body of your email if you are submitting your photograph electronically, or print this form and submit it with your photo on disc. Submission deadline is December 1, 2010.

Submission Date: _____

Photographer Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **E-mail:** _____

Location of Photograph (please be specific): _____

Total Number of Photographs Submitted (a separate form is required for each submission, maximum of three): _____

All photographs MUST be taken in Salem, Massachusetts. All submissions will be reviewed by the Destination Salem Marketing Committee, which will select ten final photographs for a public vote on Salem.org and Facebook.com/destsalem. All decisions are final. Three photographs will be chosen. Winners will be announced on Salem.org on December 17, 2010.

Thank you for your entry and good luck!

PERMISSION TO USE PHOTOGRAPH / MODEL RELEASE

Any images that feature a recognizable person must be accompanied by the following release. If you are submitting electronically, please fax or mail this form to Destination Salem, FAX 978-741-7539, P.O. Box 630, Salem, MA 01970. Images featuring people that do not have a Model Release associated with it cannot be considered for the contest.

Subject and Location: Salem, Massachusetts 2010 Photography Contest _____

Photographer: _____

I grant to Destination Salem, its representatives and employees the right to use photographs taken of me and my property in connection with the above-identified photography contest. I authorize Destination Salem, its assigns and transferees, to copyright, use and publish the same in print and/or electronically. I agree that Destination Salem may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature of subject, or parent or guardian (if under age 18): _____

Printed name of subject: _____

Organization Name (if applicable): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date: _____