

**Massachusetts Horticultural Society  
Boston Flower Show  
Youth Division Photography Competition  
Photographic Image Release Agreement**

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**Entrant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

Parent or Guardian Postal Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country

Parent or Guardian Telephone number

Parent or Guardian email address

Parent or Guardian

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Please download this form, complete it by typing or legible print and send entire form to the Competition Director  
arabellasd@aol.com

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[arabellasd@aol.com](mailto:arabellasd@aol.com) or as a message to my telephone 603-738-7576