

# Franklin County Cutest Baby Photo Contest

# Entry Form

**Please print**

Child First Name	Childs Last Name	Child's Date of Birth
Mother's Name	Contact Phone Number	
Guardian's Name(s)		
Address		
City	State	Zip
Do you wish to have your photo returned? Yes <input type="radio"/> No <input type="radio"/>	Phone 1	Phone 2
Please include a self addressed stamped envelope for photo returns.	Email	
Entry Fee \$25	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash

I acknowledge that I am the legal parent or guardian for \_\_\_\_\_, and by paying the \$25 entry fee, I authorize Franklin County Perinatal Education Center (FCPEC) and Studio Belle Visage Photography use of any photographs and/or digital images used/or created for the contest. If my child is selected as one of the 12 finalists, their image(s) will appear in a calendar that will be printed and sold, and all proceeds will benefit FCPEC. If your baby is not chosen as one of the 12 finalists, his/her image will be on a collage page in the center of the calendar. No personal information beyond name will be used in publication of these photos. I understand that by entering my baby in this contest I will need to attend a photo shoot with my child at a stated location and time. Failure to attend the designated photo shoot will lead to removal from the calendar.

I acknowledge that I have read and understand all other contest rules and regulations.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Official Use Only		
Entry Date	Photo ID #	
Contacted for photo shoot	Shoot Date	Shoot Time

Attach Photo Here