

# PSA Council's Challenge ENTRY FORM

\_\_\_\_\_  
(Council Name & Acronym)

Challenge Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator Address: \_\_\_\_\_ Email: \_\_\_\_\_

Coordinator City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Check One:  **Digital Color Images**  
 **Digital Monochrome Images**  
 **Prints**

Entry #	Title	Photographer Name	Score	Award
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Council Total: \_\_\_\_\_

For each section submit one Entry Form and ten (10) Images

Via email to: **mermaid51@verizon.net**

-OR-

Via postal mail to: **PSA Council's Challenge**

**Roz Kleffman**  
**2708 Keyport Lane**  
**Bowie, MD 20715**