

## REGISTRATION FORM

### Submission of Photo(s) for the Youth Inclusion Photo Contest

#### General information

Family name (as it appears on your personal ID):

First name (as it appears on your personal ID):

Date of Birth (DD/MM/YY):

Age:

Sex:       Male                                       Female

Country of Residence:

Nationality:

Telephone number:

Email address:

#### Information on the submitted work

No. of photographs being submitted:

Details of the photographs (up to three photographs):

S. No.	File Name	Date Shot	Location	Title of the Photo	Caption (Maximum 100 words in English describing the composition of your photo and your vision)
1.					
2.					
3.					

Please check the boxes below:

- I hereby, certify that the above information is true and correct and that the attached work is original and was created for the specific purpose of participating in the Youth Inclusion Photo Contest.
- I have read the agreement & copyright conditions below and agree to the terms and conditions of the photo contest.

Name:

Date (DD/MM/YYYY)