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## My Canada - Juried Photography Show Submission Form

**Name:**

**Address:**

**Town/City:**

**Province:**

**Postal  
Code:**

**Email:**

**Phone Number:**

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**Category (Choose Only One Below):**

**Student      Age:**

**School  
Name:**

— — — — —

**Open Category**

**Optional:**

**Name of  
Studio:**

**Website:**

**Number of images submitted with this form:**

**One (1)**

**Two (2)**

— — — — —

**Title of  
Photo 1:**

**Price:**

— — — — —

**Title of  
Photo 2:**

**Price:**

If your photograph(s) is not for sale please write  
**NFS** in the price field.

For this section, please give a description of your photograph(s). The paragraph must not exceed 50 words and should speak to the story behind the photograph(s).

**Photo 1 Description:**

**Photo 2 Description:**

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If chosen for the exhibition, I agree to have my photograph(s) used by the Dufferin County Museum & Archives for promotional purposes (to be featured on posters, the DCMA website and social media sites.) Credit will be given to the photographer.

**Yes**

**Date:**

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By checking the box and submitting this form, I am signifying that I have read, understand and I agree with the terms of entry.

**Yes**

**Date:**

**Reminder: Saving Your Digital Photograph(s)**

Save your file at 300dpi.

Save as JPG maximum quality, file size less than 10MB.

Save file in this format: Artist Name\_Title\_Price.jpg.

Example: Ann Cook\_Three Crows\_\$450.jpg

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**To email your submission form and digital version of photograph(s):**

Please include the following in the email subject line: *Portraits of You (Name of Artist)*

**1. Save and attach this PDF, along with your photo(s) and submit to:**

[srobinson@dufferinmuseum.com](mailto:srobinson@dufferinmuseum.com)

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**Entry Deadline: Monday March 20th, 2017 - 5pm**

**Notice of Acceptance: Friday March 24th, 2017**

**Exhibition Opening: Sunday April 16th, 2017 - 2pm**

**Exhibition Closes: Sunday July 9th, 2017**

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**For Students Only: This portion of the submission form must be printed, signed and scanned.**

**Parent/Guardian Permission Form for Portraits of You Photography Exhibition**

I \_\_\_\_\_, certify that I am the legal guardian of \_\_\_\_\_. I have read, understand and I agree with the submission guidelines and terms and conditions for the My Canada Photography Exhibition at the Dufferin County Museum & Archives.

**Name of Student (Print):** \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Name of Guardian (Print):** \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For questions regarding the call for entry guidelines or submission form:**

Sarah Robinson, Curator  
srobinson@dufferinmuseum.com  
(519) 941-1114 ex 4019