

# CheckUP's Annual Photo Competition



## Entry Form

### Entrant's Details

Title: \_\_\_\_\_

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Connection to CheckUP Australia: \_\_\_\_\_

### Photo details

Where was your photo taken: \_\_\_\_\_

What was your inspiration behind this image: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Consent

By completing this Entry Form, you give consent for CheckUP Australia to:

- a) handle your information in line with our Privacy Policy, which can be accessed via our website: [www.checkup.org.au](http://www.checkup.org.au)
- b) send you Impact Magazine

I have read and understood CheckUP's Annual Photo Competition Terms and Conditions

\_\_\_\_\_

Entrant Signature

\_\_\_\_\_

Date

Please contact me if you need a higher quality version