

AIR FORCE GALLERY SHOWCASE ENTRY APPLICATION

ADULT

YOUTH, AGES 13-17

YOUTH, AGES 6-12

*PRIVACY ACT STATEMENT – Authority: 10 U.S.C. 8012; 44 U.S.C. 3101; EO 9397. Principal Purpose: To identify the participant in an Air Force sponsored photography and/or artist-craftsman event and to monitor participation. Information furnished may be: (1) Disclosed to any DoD Component or part thereof, and upon request to other Federal, state and local government agencies in pursuit of their official duties. (2) Disclosed to news media in announcing participation and results. (3) Used for other lawful purposes including law enforcement and/or litigation. **DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the participation in Air Force sponsored photography/artist-craftsman events.***

SECTION I – PARTICIPANT INFORMATION AND AUTHORIZATION

Each participant is authorized a maximum of three (3) entries into the Air Force Gallery Showcase. Entry does not guarantee inclusion or publication. Air Force Services reserves the right to further limit entries/publication due to space limitations and/or questionable and inappropriate content.

TITLE OF ENTRY: 1. _____

SHOWCASE CATEGORY (CHECK ONE): **ARTIST-CRAFTSMAN** **PHOTOGRAPHY**

TITLE OF ENTRY: 2. _____

SHOWCASE CATEGORY (CHECK ONE): **ARTIST-CRAFTSMAN** **PHOTOGRAPHY**

TITLE OF ENTRY: 3. _____

SHOWCASE CATEGORY (CHECK ONE): **ARTIST-CRAFTSMAN** **PHOTOGRAPHY**

NAME OF PARTICIPANT <i>(Last, First, MI)</i>	RANK/GRADE	AGE <i>(If Under 18)</i>
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MILITARY ADDRESS <i>(Include Organization, Base, State, Zip Code)</i>	DUTY PHONE (DSN)	HOME PHONE
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MAILING ADDRESS *(Street or P.O. Box, City, State, Zip Code)*

AUTHORIZATION

I certify that I am sole owner of the copyright in this original work and hereby agree to abide by the event rules and regulations. I hereby authorize any reproduction, distribution, news release or other use of this entry/copyrighted work without limitation, by or on behalf of the U.S. Air Force or Department of Defense.

SIGNATURE OF PARTICIPANT	DATE (YYYYMMDD)
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SECTION II – ARTIST/MODEL/PROPERTY RELEASE

I hereby consent that the representation(s) of me and/or my property, submitted for the above named event, may be photographed and used for exhibitions or news release purposes and may be comprehensively used and/or reproduced without limitation by or on behalf of the Department of Defense.

SIGNATURE OF ARTIST OR MODEL <i>(OR PARENT/GUARDIAN IF UNDER 21)</i>	ADDRESS <i>(Street, City, State, Zip Code)</i>	DATE (YYYYMMDD)
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