

Control Number _____ (leave blank)

PSA Youth Showcase Fillable PROJECTED Entry Form

Due April 12, 2024 (11:59 PM EDT)

Image Title _____ Sponsor's Rep _____
(Title shall not exceed 25 characters, including spaces.)

Category (check one) ARCH PORA SCAP PJOU CCHOI MCHOI

Student's Name _____ Age _____ HOME Email _____

Home Address _____ Phone _____

City _____ State _____ Zip/Code _____ Country _____

Name of School _____ Country _____

School Address _____

City _____ State _____ Zip/Code _____ Country _____

Teacher's Name _____ Email _____

The student permits PSA to reproduce the entered image for exhibit at the PSA Conference, for display in the Youth Showcase Program, and for publication in the PSA Journal and on the PSA website. The student certifies that all elements of the image are the work of the student.

Student's Name (print **clearly**) _____

Signature _____ Date _____

For students under the age of 18, please have a parent/guardian complete:

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Model releases, where needed, must also accompany the *images*.