

Control Number _____ (leave blank)

PSA Youth Showcase Fillable PRINT Entry Form

Due April 4, 2025 (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 _____

Sponsor Representatives will determine the date all prints and signed print entry forms must be received by them for timely submission to the PSA Youth Showcase. The sponsor representative will then forward the signed entry forms and prints by mail to: Showcase Print Coordinator, Kathleen Z. Braun, HonPSA, PPSA, 300 Lake Shore Road, Grafton, WI 53024; for delivery by April 4, 2025. Sponsor representatives may also mail projected entry forms in the same package to the Print Coordinator.

A model release will be required if the image is a posed portrait and receives a Place Award or Honorable Mention.

Control Number _____ (leave blank)

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Category (check one) ARCH PORA SCAP PJOU CCHOI MCHOI

Student's Name _____

School Name _____ State _____