



**ASAP!® Presents the 7<sup>th</sup> Annual  
CELEBRATION OF YOUNG PHOTOGRAPHERS**

**CALL FOR ENTRIES**

ASAP! is pleased to announce its 7<sup>th</sup> Annual *Celebration of Young Photographers*. A winning group of the top 60 entries will be on exhibit for the public which will be held at South Farms in Morris, CT on November 5<sup>th</sup>, 2017 from 2pm-4pm. Students from grades 6-12, including home schooled students, are invited to submit a photograph based on this years theme **Every picture has a story to tell...What's YOUR Story?**

**Grades 6-8 & 9-12:**

We invite you to submit your photo that clearly tells YOUR special story in black and white or color. Any type camera can be used.

A panel of judges made up of photography professionals will be putting together the winning group of 60 selected photographs from the participants who will be recognized for their outstanding work. This group of photos will be displayed in a gallery style show for the public to view. Prizes will be awarded to the overall winner from each grade group, 6-8 and 9-12.

Please follow the guidelines below for submitting your photograph. If you have any questions or do not understand the requirements, please contact Jenn at [jenn@asapct.org](mailto:jenn@asapct.org) or call 860-868-0740.

**Attention all Art/Photography Teachers:**

Teachers that submit the most selected pieces for the exhibit will be given recognition and a gift from ASAP!

**Photograph Submission Requirements:**

- Submit an original, high resolution JPEG file:
  - 3200-4000 pixels on the longest side
  - Save as .jpg
  - If you have any questions about resizing or photo specifications, please contact us, or ask your teachers or parents for help.
- If you submit a photo with an iPhone or Smartphone, be sure to take the photo in HDR (High Dynamic Range) to ensure the highest resolution (For example, 480x640 is too low for resolution)
- Please label your image as follows:
  - lastname\_firstname\_title\_age yrs\_grade\_school name.jpg
  - Example: doe\_jane\_myhouse\_14yrs\_9\_shepaugmiddleschool.jpg
- Other guidelines:
  - No diptychs, triptychs or major photo manipulation "Photoshopping" allowed.
  - Do not send submissions with links to your image or website.

**Please submit the following via email:**

- Name, Phone Number, Title, Age, Grade, School, Art/Photography Teacher
- Artist's Statement about the Photo (one/two-sentences)
- Identify Capturing Device
- Attach Photograph (see requirements above)
- Complete & Attach Release Form
  - or mail to P.O. Box 15, Washington Depot, CT 06794

**Please send submissions to: [photos@asapct.org](mailto:photos@asapct.org) on or before **Friday, October 6, 2017.****

ASAP! will notify those participants whose work has been selected for the exhibit. ASAP! will be responsible for printing and framing the artwork. All photographs included in the exhibit will be for sale. Proceeds from the sale of artwork will benefit ASAP! programs.



**PHOTO RELEASE FORM**

Photographer's Name: \_\_\_\_\_

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

Telephone and Email: \_\_\_\_\_

The above named Photographer hereby warrants being the legal copyright owner of the Photograph named below:

\_\_\_\_\_

The Photographer hereby grants permission to After School Arts Program, Inc. ("ASAP!") to copyright, exhibit, reproduce, publish, distribute and otherwise use this Photograph for any lawful purpose in any and all media, for public information purposes and ASAP! promotion and advertising.

I hereby waive any causes of action I may have against ASAP!, its officers, directors or employees, on account of the use of this Photograph. Additionally, I waive any right to royalties or other compensation arising or related to the use of this Photograph.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

Please email scanned form to [asapct.org](mailto:asapct.org) or mail to P.O. Box 15, Washington Depot, CT 06794.