



WORKABILITY INTERNATIONAL—ANNUAL PHOTO CONTEST

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Signature of Model

Signature of Parent or Guardian, if applicable

Print Name

Print Name

WI Member Organization: _____

WI Member Organization Representative: _____

revised 2017



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DETAILS OF PHOTO:

Electronic image/file name or number: _____

Location of photo taken: _____ Date photo taken: _____

Name(s) of models in order on image (left to right): _____

Description/Story of photo:

Photographer: _____

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