



# Photo Entry Form

Please submit this form along with a high resolution file to [parks@cityoflakewood.us](mailto:parks@cityoflakewood.us).

---

Last Name First Name MI

---

Street Address

---

City State Zip

---

E-mail Address Phone

I grant the City of Lakewood, its partners and affiliates the right to use and display submitted photographs for promotional purposes. I also hereby state that I am authorized to submit these photographs.

---

Signature Date

Please list the names of people in the photograph from left to right:

Last Name, First Name	Age	Signature releasing the photo to the City of Lakewood. (If under 18 must have a Parent/Guardian's Signature)	Date:

---

Photo Title

Caption for Photograph: