016/24

ODCCA Youth Silhouette Contest

No Fee

Age groups:

16 – 17

12 - 15

11 and under

NAME:_____

ADDRESS:_____

CITY:_____

STATE:_____ **ZIP:**_____

PHONE:_____

E-MAIL_____

Specie:

I agree that the above entry(s) will not be removed until 3:00PM Sunday. I certify that all entry(s) submitted by me are in accordance with the published rules, and I understand that the judge's decisions are final. I absolve the O.D.C.C.A. and it's volunteers from any loss or damage to my entry(s). I agree to allow my entry(s) to be photographed and allow the images to be used by the ODCCA in any way to promote the club.

Signed: _____ **Date:** _____