

**First Coast Vision Image Design Challenge
Image Cover Form (* indicates a required field)**

Image and Completed Form is due June 3, 2011, in electronic and hard copy format to Regional Community Institute of Northeast Florida, Inc., 6850 Belfort Oaks Place, Jacksonville, FL, 32216

Individual or Team Information

*Name of Team or Individual: _____

If a team, list all Members, with Names and Affiliations (additional pages may be used if necessary):

Print Name	Affiliation
------------	-------------

Print Name	Affiliation
------------	-------------

Print Name	Affiliation
------------	-------------

Print Name	Affiliation
------------	-------------

*Mailing Address _____

If a team, main contact person: _____

If a youth team, team member over 18 years of age: _____

*Contact Telephone Number: _____

*Contact E-mail: _____

* Check if any changes since Image Submission Intent Form was filed

*List the format of electronic submission and the software required to view the submission: _____

I/We hereby make a submission to the Regional Community Institute of Northeast Florida, Inc. (RCI) of an image or images to reflect First Coast Vision. I understand that my/our work will become the property of RCI once submitted, and that they may alter it to make it better reflect First Coast Vision at their sole discretion. I/We agree that my/our work may be displayed on the FirstCoastVision.com website and/or exhibited in conjunction with the release of First Coast Vision. We agree to the Official Rules of the First Coast Vision Design Challenge.

*Signature(s) of participant or, if a team, all team members (additional pages may be used if necessary):

Print Name	Signature	Date
------------	-----------	------

Print Name	Signature	Date
------------	-----------	------

Print Name	Signature	Date
------------	-----------	------

Print Name	Signature	Date
------------	-----------	------