

First Coast Vision Image Design Challenge
Submission Intent Form (* indicates a required field)
Completed form is due May 6, 2011, by e-mail to design@nefrc.org

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
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Print Name	Affiliation
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Print Name	Affiliation
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Print Name	Affiliation
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*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: _____

I/We intend to 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 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 agree that my work may be displayed on the FirstCoastVision.com website and/or exhibited in conjunction with the release of First Coast Vision.

*Signature(s) of proposed participant or, if a team, all team members

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