

**CHOH PHOTO CONTEST**  
**ENTRY FORM**

Item	Information
Name of Parent or Guardian:	
Name of Student:	
Address:	
Phone:	
Email:	
Birthdate:	
Type of camera used:	
Date of the photo:	
Brief Description of the photo:	

Entry Fee Payment Information	CHOH MEMBER	NON-MEMBER
Amount	\$5	\$10
Check #		

Instructions: (See Photo Contest Terms and Conditions for details)  
 Send entry form, photo, and check (made payable to CHOH) to:  
 CHOH Photo Contest  
 c/o P.O. Box 17254  
 Honolulu, HI 96817