



TOWN OF  
**VIENNA**  
*since 1890*

**2026 TOWN OF VIENNA PHOTOGRAPHY SHOW**  
**VIENNA COMMUNITY CENTER**  
**120 CHERRY ST. SE**  
**VIENNA, VA 22180**  
**703-255-6360**

**REGISTRATION FORM**  
**Amateur Photographers Only**

**Entries accepted: March 12 / 5:00 – 8:00 p.m. and March 13 / Noon – 3:45 p.m.**  
**Show dates: March 14 / 10:00 a.m. – 3:00 p.m. and March 15 / Noon – 3:00 p.m.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell, Home, or Work Phone (Circle One):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Number of photographs entered:** \_\_\_\_\_

**\$10 fee includes up to three photos with a maximum of two photos in any one category.**

**Students (Grades 7-12) Indicate School:** \_\_\_\_\_

**PHOTO RELEASE**

I hereby give the Town of Vienna, their representatives, volunteers, and media photographers without reservation, permission to print or display the photographs taken of me, my family, and/or my photographs by the Town of Vienna annual photography exhibit. I release the Town of Vienna, its officers, employees, agents and volunteers from liability for any damage that occurs to my photographs during the time they are entered in the Town of Vienna photography exhibit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
parent or guardian if under 18

**To be filled out by staff / Photo Id #: \_\_\_\_\_ Cash / Check Total amount: \_\_\_\_\_**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Category: \_\_\_\_\_

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Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Category: \_\_\_\_\_

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Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Category: \_\_\_\_\_

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