



Photographer First Name:

Photographer Last Name:

E-mail:

Phone:

Address Line 1:

City:

State

Postal Code

Photo Club

Honours

Payment

USD

Amount

EUR

TO BE FILLED OUT BY ENTRANT

Please, legibly write the names of your photos

A: OPEN COLOR

A1

A2

A3

A4

B: OPEN MONOCHROME

B1

B2

B3

B4



GRADAC
PHOTO GROUP
INTERNATIONAL

2nd International Salon of Photography **BOKA BAY 2018**

C: NATURE

C1

C2

C3

C4

D: PHOTO TRAVEL

D1

D2

D3

D4