



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

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

COPS Member #: \_\_\_\_\_

Image Title: \_\_\_\_\_

Category: Check One

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|--|--|
| <input type="checkbox"/> Monthly Challenge | <input type="checkbox"/> Landscape     |
| <input type="checkbox"/> Architecture      | <input type="checkbox"/> Nature        |
| <input type="checkbox"/> Creative          | <input type="checkbox"/> People & Pets |
| <input type="checkbox"/> Documentary       | <input type="checkbox"/> Still Life    |
| <input type="checkbox"/> Fine Art          | <input type="checkbox"/> Open          |



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