



**Photographer First Name:**

**Photographer Last Name:**

**E-mail:**

**Phone:**

**Address Line 1:**

**City:**

**State**

**Postal Code**

**Photo Club**

**Honours**

**Payment**  USD  
 EUR

**Amount**

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## TO BE FILLED OUT BY ENTRANT

Please, legibly write the names of your photos

### A: OPEN COLOR

**A1**

**A2**

**A3**

**A4**

### B: NATURE

**B1**

**B2**

**B3**

**B4**

### C: PEOPLE

**C1**

**C2**

**C3**

**C4**



**GRADAC**  
PHOTO GROUP  
INTERNATIONAL

# 4th International Salon of Photography Tramontana 2019

## D: OPEN MONOCHROME

**D1**

**D2**

**D3**

**D4**