

Stylist & Salon Newspapers Cover Submission Form

Entrant's Name: _____
(as it should appear on the cover if used)

Salon/School: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Email: _____

Credits:

Hair: _____

Makeup: _____

Photographer: _____

Model: _____

Model Release

For valuable consideration, I hereby irrevocably consent to and authorize the use and publication of any and all photographs submitted for use on the cover of *Stylist & Salon* or sent to Holland Graphics d.b.a. Stylist & Salon newspapers (The Stylist) or anyone authorized by *The Stylist* for any purpose whatsoever, without compensation to me.

Date: _____

Model's Name _____

Model's Signature _____

Model's Address _____

City/State/Zip: _____

Witness Name: _____

Signature of Parent or Guardian (if Minor):

Mail to: Stylist Newspapers P.O. Box 657 Banks, OR 97106
Each submission must include an entry form. Please type or print clearly and attach to each entry.