



Photo/Calendar Contest

CONTEST RULES:

1. Each photo **MUST** be submitted digitally (email or flashdrive), accompanied with the Official entry form. Resolution must be 720p or higher.
2. All photos **MUST** be of Legion events, supportive of Legion programs, or patriotic in nature. *Calendar photo submissions should be photos taken in Illinois.*
3. Photo must have the name of the subject, location of where taken, approximate date taken and names of individuals in the photo (*reading from left to right*).
4. Calendar Program photos **MUST** be HORIZONTAL / LANDSCAPE. *NO PORTRAIT / VERTICAL photos will be chosen or used in the calendar program.*

All submissions will become the property of the Dept. of Illinois and will not be returned. Failure to comply with all the preceding rules may result in disqualification.

Mailed The American Legion, Dept. of IL
in Entries: 2720 E. Lincoln St., Bloomington, IL 61704
 (c/o: Dept. Adjutant)
Email
Entries: photocontest@illegion.org

JUDGING: will be done by Dept. Commander and/or Sr. Vice the first Friday following Department Convention.

PRIZES:

Cash prizes will be awarded in EACH of the Five (5) Divisions as follows: 1st Place \$100; 2nd Place \$75; 3rd Place \$50; 4th place \$25. \$75.00 will be awarded for photos selected for the Calendar Program and the photographer will be given credit in a caption on the calendar.

ELIGIBILITY FOR PRIZE MONEY:

All Legion, Auxiliary, and SAL members are eligible, but must be current, paid-up members. Entry forms **MUST** have all requested information filled out.

SPECIAL NOTES: This program is a Department of Illinois fund raising project. All Photos submitted may or may not be used in the Calendar, Legion programs and/or brochures. However, we must have permission of the photographer and the persons or organization therein. **** See entry form.**

DEADLINE: Entries submitted must be received at Department Headquarters (through mail or email) by NOON on the Friday prior to the State Convention.

THE AMERICAN LEGION DEPARTMENT 2023 PHOTO/2024 CALENDAR CONTEST ENTRY FORM

Name: _____ Post #: _____ District #: _____ Division#: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Member I.D. No: _____

Approximate Date Taken: _____ Name of Subject(s): _____

Location: _____ Photographer: _____

Individuals (from left to right): _____

*If needed, send additional info on a separate piece of paper. **** Permission is hereby granted by the photographer to use this photo and the persons therein in Official Illinois American Legion publications.***

Signed: (X) _____