APPLICATION FORM

Please fill out all areas of the form completely. Return with submission DVDs to:

GHHF & Savetemples.org 6-3-629/2, A2, Kabir Nivas, Anand Nagar Khairatabad, Hyderabad-500 004. Telangana, India Affix Passport Photo of the Applicant

PRIMARY CONTACT INFORMATION:

APPLICANT NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTRY	POSTAL CODE	
PHONE: COUNTRY CODE	AREA CODE + N	UMBER
EMAIL ADDRESS		
SPECIFICATIONS:		
FORMAT	ASPECT R	ATIO
THE APPLICATION:		AGREE TO THE REGULATIONS OF OF DVDS (WITH PHOTOGRAPHS) □ Undertaking
No application will be accepted wi	thout signature	
rules. I/We warrant the submission of m submission. I/We also warrant the submittee	ny/our original work and the ed material does not defame o	lines. I/We understand and have complied with all these are no disputes regarding the ownership of my/our invade the rights of any person living or dead and I/we ns of law. To the best of my/our knowledge, all of the
I/We agree to hold the Savetemples photo damages, judgments, liabilities, and expense of third parties, whether or not groundless, b	es (including attorney's fees) a	m and defend them against all claims, demands, losses, arising out of or in connection with any and all the claims are Savetemples photography contest.
material. I/We understand that all submitt purposes for the Savetemples photography commercial use (publicity, promotion and	ted materials are authorized becontest, and that Savetemples graphics). If the submitted p	onel, music, script and any other previously copyrighted by the photographer and/or producer for use in publicity has the right to use any or all of these materials for non- photos are used in contest promotion, This agreement is to be performed therein.
(Signature)		(Date)