

PHOTO FORM



PHOTO ID #: 50. _____ . _____ .TIF *(for staff use only)*

CONTRIBUTOR NAME: _____

<i>Give this photo a TITLE:</i>		
<i>WHERE was this photo taken?</i>	Neighborhood: _____ Town/City: _____ State: _____ Country: _____	<i>I don't know</i> <input type="checkbox"/>
<i>WHEN was this photo taken?</i>	Year: _____ Month: _____ Day: _____	<i>I don't know</i> <input type="checkbox"/>
<i>Name the PEOPLE in this photo:</i> <i>List from back to front, left to right. Please use complete names.</i>	1. 2. 3. 4.	<i>I don't know</i> <input type="checkbox"/>
<i>Please DESCRIBE this photo and let us know why it is important to you:</i>		
<i>Is there anything about this photo that you would like to know more about?</i>		

Reviewer #1 Initials: _____ Reviewer #2 Initials: _____

Event #: __50 (Lowell)__