

**PHOTO FORM**



**PHOTO ID #:** 51. \_\_\_\_\_ . \_\_\_\_\_ .TIF *(for staff use only)*

**CONTRIBUTOR NAME:** \_\_\_\_\_

<i>Give this photo a <b>TITLE:</b></i>		
<i><b>WHERE</b> was this photo taken?</i>	Neighborhood: _____  Town/City: _____  State: _____ Country: _____	<i>I don't know</i>  <input type="checkbox"/>
<i><b>WHEN</b> was this photo taken?</i>	Year: _____ Month: _____ Day: _____	<i>I don't know</i>  <input type="checkbox"/>
<i>Name the <b>PEOPLE</b> in this photo:</i>  <i>List from <b>back to front, left to right.</b> Please use complete names.</i>	1. 2. 3. 4.	<i>I don't know</i>  <input type="checkbox"/>
<i>Please <b>DESCRIBE</b> 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 #: \_\_51 (Milton)\_\_