



Photo Release Form

(PLEASE TYPE OR PRINT CLEARLY)

Personal Information:

Name _____ Date of Birth _____
 Home address _____
 County of residence _____ Ethnicity (optional) _____
 Home phone _____ Home e-mail _____
 Employer Name _____
 Work address _____
 Work phone _____ Work fax _____
 Work e-mail _____ Occupation _____
 Interests and hobbies _____
 Age at diagnosis _____ Type of Breast Cancer _____
 Have you had a recurrence? _____ If yes, at what age _____
 Brief description of diagnosis and treatment history (attach sheet if necessary) _____

Are you willing to speak at breast cancer related events? _____ Yes _____ No

Please mail your photo(s) to the PA Breast Cancer Coalition, Jennifer Fetich, Program Director, 344 N. Reading Rd., Ephrata, PA 17522. Photo(s) will become PBCC property.

Photo Information:

Please identify everyone in photo (attach sheet if necessary)

Name _____ Relationship _____

 Quotation from, or about, survivor (50 words or less) _____

If the above quote is from someone other than the applicant to the exhibit, please complete the following section:

Name of person quoted _____
 Relationship to applicant _____
 Contact phone number Home _____ Work _____
 Additional Comments _____

RELEASE:

The Pennsylvania Breast Cancer Coalition may use this statement, photo and my name in the traveling photo exhibit "67 Women, 67 Counties: Facing Breast Cancer in PA".

_____ (Signature) _____ (Date)

Return this form to:

Jennifer Fetich, PBCC, 344 N. Reading, Rd, Ephrata, PA 17522. Any questions please email Jen at jennifer@pabreastcancer.org, or call 717-721-2580 x101. Forms can be faxed to 717-721-2585