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**(To be signed by person in the photo)**

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\_\_\_\_\_  
Name of individual in photo (Please Print)

\_\_\_\_\_  
Signature of individual in photo or Parent/Guardian

\_\_\_\_\_  
Date

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**Please submit form via fax if you intend on sending photo electronically. Fax form to 717-235-3299. If you are submitting a hard copy of your photo, please mail it along with this form to: NGWA, P.O. Box 105, Shrewsbury, PA 17361**