

# Morphing PHOTO SUBMISSION FORM

## Submit by April 15, 2019

Date Submitted: \_\_\_\_\_

Student's Full Name (as you would like it to appear on the slideshow):

\_\_\_\_\_

Homeroom teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Phone number: \_\_\_\_\_

Check one:

\_\_\_\_\_ Photos were scanned at All Saints

\_\_\_\_\_ Photos sent on CD or Flash drive

\_\_\_\_\_ Photos sent via email

Questions? Email: Young Shin at [asca2019video@gmail.com](mailto:asca2019video@gmail.com)