

We use this form to contact the winner and ask permission to reprint the winner's art. This form must be completed and submitted with every entry as follows:

Parents/Caregivers: Please print this form and mail it with your child's poster.

Teachers/Educators: You may sign on behalf of the students in your classroom. Please include your contact information. If the winner is selected from your entries, we will rely on you to help contact the family of the winner to complete this form.

PLEASE PRINT CLEARLY

Child's Name:	
Child's Age:	
Child's Grade:	
Parent/Guardian Name:	
Phone Number:	
Email:	
Home Address 1:	
Home Address 2 or Apartment Number:	
City, State, & Zip Code:	
If you are entering as part of a school or organization, please complete the area below. If you are entering as an individual, please leave below blank but tell us how you heard about the contest: _____	
Name of School or Organization	
Name of Teacher / Instructor	
Teacher or Organizer email address	

Check here if you want to be put on our electronic news list

Release

In consideration for the opportunity to enter the Washington State Poison Prevention Poster Contest, participants agree to allow the Washington Poison Center to use their names and photographs for promotional and publicity purposes. In addition, participants agree to release their art and/or photo and understand that it will become the property of the Washington Poison Center. By entering, participants agree to be bound by the rules and the decisions of the judges and the Washington Poison Center.

Today's Date: _____

Child's Name: _____

Parent/Legal Guardian/Teacher Name (please print): _____

Parent/Legal Guardian/Teacher Signature: _____

Mail to:
Washington Poison Center
Attn: Poster Contest
155 NE 100th St, #100
Seattle, WA 98125