

Parent/Legal Guardian/ Teacher Signature:

## **Entry/Release Form**

National Poison Prevention Week Washington State Poster Contest All entries must be submitted with this form and postmarked by January 3, 2017

Seattle, WA 98125

We use this form to contact the winner and as permission to reprint the winner's a	ırt.
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.

Child's Name:	
Child's Age:	
Child's Grade	
Parent/Guardian Name:	
Phone Number:	
Email:	
Home Address 1:	
<b>Home Address 2 or Apartment Number:</b>	
City, State, & Zip Code:	
	zation, please complete the area below. If you are entering ell 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 ne	ws list
Release	
Washington Poison Center to use their names and photog	gton State Poison Prevention Poster Contest, participants agree to allow the graphs for promotional and publicity purposes. In addition, participants agree II become the property of the Washington Poison Center. By entering, ions of the judges and the Washington Poison Center.
Today's Date:	
Child's Name:	
Parent/Legal Guardian/Teacher Name (please print):	Washington Poison Cel Attn: Poster Contest