

## 2019 Poison Prevention Poster Contest ENTRY FORM

**PLEASE PRINT CLEARLY.** For assistance with this form, email: [mryuk@wapc.org](mailto:mryuk@wapc.org).

Student Information		
Student's First Name, Last Name:	Grade:	Age:
Name of school attending:	Teacher's Name:	Teacher's Email:
Parent/Legal Guardian Information		
Parent/LG's Name:	Phone Number:	Email:
Home Mailing Address		
Street Address:		
Address Line 2:		
City:	State:	Zip Code:
FOR SCHOOL USE ONLY		
<b>SCHOOLS:</b> If you are submitting multiple entries on behalf of a school or classroom, please complete the following below:		
Name of School:	Teacher's Name:	Teacher's Email:

### Release

In consideration of the opportunity to enter the Washington Poison Center's 2019 Poison Prevention Poster Contest, I agree to release my child's poster artwork to the Washington Poison Center, and understand it will become the property of the Washington Poison Center. I also agree to allow the Washington Poison Center to use my child's name and/or family's name and photographs for promotional purposes. By entering, participants agree to be bound by the rules and decisions of the judging panel and Washington Poison Center.

Today's Date:	Child's Name:	Parent/LG's Signature:
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