

Poster Contest Entry Form

Please type or print legibly the information requested below. If you do not know some of the information requested, please ask the student's parent(s) or guardian(s) to help you with this.

This form **must** be completed and attached (**not stapled, taped, or glued**) to your winning poster before sending it on to your coordinator for the state poster contest.

Student's Name _____

Student's Age _____ **Grade** _____ **Gender (circle one):** M F

Student's Home Mailing Address _____

Student's Home Telephone Number _____

Name of Student's Parent(s) or Guardian(s) _____

Email: _____ **Date:** _____

Name of Student's School _____

Name of Student's Teacher _____

School's Mailing Address _____

School's Phone Number _____

Name of Tar Wars Presenter _____

Name of Student's Local Newspaper _____

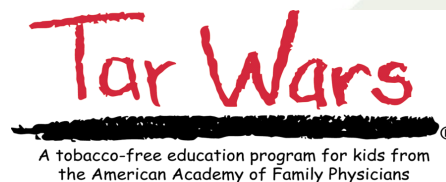
Name of Newspaper's Editor/Reporter _____

Newspaper's Mailing Address _____

Newspaper's Telephone Number or Email _____



Mail to: Ginnie Flynn
Tar Wars
7738 W. Myrtle Ave.
Chicago, IL 60631



Authorized Release Form

I hereby authorize Tar Wars and the Illinois Academy of Family Physicians (IAFP), my child's school, where the poster was created, and the acting Tar Wars state program to utilize

_____ 's
(your child's name)

State Poster Contest submission and/or photograph for use in various promotional activities, including:

- News releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.);
- Reproduction in Tar Wars, and state Tar Wars program publications;
- Use on the official Tar Wars, and state Tar Wars program Web sites; and
- Other non-commercial efforts as determined by Tar Wars, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form to accompany your child's poster for entry into the state Tar Wars Poster Contests.

Child's Name _____

Child's Age _____ **Grade** _____ **Gender (circle one):** M F

Mailing Address _____

Home Telephone Number _____

Email: _____

Name of Your Child's School _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Today's Date _____

