Please tape a completed copy of this entry form to the back of each hand drawn poster. Please type or print legibly! In addition, please write student's name and grade on the back of each poster.

Student's Name:		Age:	Grade:
Adult Facilitator Name:		Phone #:	
Adult Facilitator Email Addre	255:		
School or Youth Group Name			
Address*:	City:	Zip	Code:
*Physic	cal address where prizes/c	ertificates can be ship	ped
Please tape a completed copy of			
legibly! In addition, please write st	•		• • • •
Student's Name:		Age:	Grade:
Adult Facilitator Name:		Phone #:	
Adult Facilitator Email Addre	255:		
School or Youth Group Name	:		
Address*:	City:	Zip	Code:
*Physic	cal address where prizes/c	ertificates can be ship	ped
Please tape a completed copy of legibly! In addition, please write st	-		
Student's Name:		Age:	Grade:
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