POSTER AND POETRY CONTEST ENTRY FORM

Entry Number:

**THIS SECTION TO BE COMPLETED BY ENTRANT**

I wish to enter the Montgomery County Drug-Free Coalition’s **Poster AND POETRY Contest** in the division checked below. I realize that my entry becomes property of the Montgomery County Drug-Free Coalition.

Please Print

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Entrant (Last, First) |  | Name of School / Placement |
|  |  |  |
|  |  |  |  | Ohio |  |  |
| Home Address (Street) |  | City |  | State |  | Zip Code |
|  |  |  |
| Teachers Name |  | Grade |
| E-mail Address |  | Telephone Number |
|  |  |  |  |
| Signature of Entrant |  |  |  |

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

The undersigned hereby requests and approves the entrant’s registration and participation in the Montgomery County Drug-Free Coalition’s **Poster AND POETRY Contest**. In consideration of such registration and participation, the undersigned hereby agrees to hold the Montgomery County Drug-Free Coalition and any of their members blameless and without liability and hereby agrees to release, indemnify, and hold harmless all of the above mentioned from any and all claims and expenses resulting from or relating to entrant’s said participation.

Entries become the property of the Montgomery County Drug-Free Coalition, which retains exclusive rights to use said images in future promotional materials, with creative credit given to the artist.

 Parent/Legal Guardian Signature Date

**For Coalition use only below this line**

* **Poster**
* **Poem**

Date entry received: ** Division 1: Grades 6 – 8**

 ** Division 2: Grades 9 – 12**

Student’s Name: