



Entry Number:

POSTER AND POETRY CONTEST ENTRY FORM

Please Print

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.

Name of Entrant (Last, First)		Name of School / Placement					
Home Address (Street)		City	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Ohio</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="text-align: center; font-size: small;">State</td> <td></td> </tr> </table>	Ohio	Zip Code	State	
Ohio	Zip Code						
State							
E-mail Address		Telephone Number					
Teachers Name		Grade					
		YS YM YL SMALL MED. LRG.					
Signature of Entrant		T-Shirt Size					

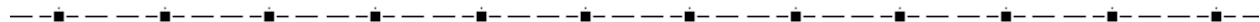
THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

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
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For Coalition use only below this line



Date entry received: _____

Student's Name: _____

- | | |
|---|--|
| <input type="checkbox"/> Division 1: Grades 6– 8 | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Division 2: Grades 9– 12 | <input type="checkbox"/> Poem |
| | <input type="checkbox"/> Video |