Montgomery County DRUG - FREE Coalition

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 _____ State Ohio Zip Code _____

E-mail Address _____ Telephone Number _____

Teachers Name _____ Grade _____

Signature of Entrant _____ T-Shirt Size YS YM YL SMALL MED. LRG.

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 <u>only</u> below this line

Date entry received:_____

Student's Name: _____

☐ **Division 1: Grades 6 – 8**
☐ **Division 2: Grades 9 – 12**

☐ **Poster**
☐ **Digital Poster**
☐ **Poem**