Dr. Martin Luther King, Jr. Contest – Please fill out and submit with your entry!

Child's Information:

Name:

Age:

Grade:

Name of School:

Parent or Guardian's Permission:

My signature below indicates that I authorize Black Lives Matter Interfaith Coalition (BLMIC) to use this contest entry, entered by my child. I also agree that BLMIC may identify my child by name. If photographs are taken and/or an interview conducted with my child, BLMIC may publish them. BLMIC shall not owe us compensation in any form for the use of my child's name, photo(s) or contest entry

Name (Please print):

Relationship to Child:

Best Contact Information: phone/text/email:

Signature:

Date: