

# POSTER CONTEST ENTRY FORM

Please type or print legibly all of the information requested below.

This form must be completed and attached (NO GLUE OR STAPLES) to your school's winning poster before sending it on to your coordinator for the Idaho Poster Contest. (please write your student's name and school on the **BACK** of the poster. Posters with names written on the front may be disqualified.)

**Student's Name** \_\_\_\_\_

**Student's Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **T-Shirt Size (circle one)** **Youth** **S** **M** **L**  
**Adult** **S** **M** **L**

**Name of Student's School** \_\_\_\_\_

**Name of Student's Teacher (First)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

**Teacher's Email** \_\_\_\_\_

**School's Phone Number** \_\_\_\_\_

**School's Mailing Address: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Student's Parents or Guardians** \_\_\_\_\_

**Student's Home Mailing Address: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Tar Wars Presenter** \_\_\_\_\_

**Name of Student's Local Newspaper (opt.)** \_\_\_\_\_

**Name of Newspaper's Editor/Reporter (opt.)** \_\_\_\_\_

**Newspaper's Telephone Number (opt.)** \_\_\_\_\_



## Authorized Release Form

I hereby authorize the Idaho and National Tar Wars Programs, the Idaho Academy of Family Physicians (IAFP), and my child's school to utilize my child's State Poster Contest submission and/or photograph for use in various promotional activities, including:

- ◆ news releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.)
- ◆ reproduction in Tar Wars, AAFP, and state Tar Wars Program publications
- ◆ use on the official Tar Wars, AAFP, and state Tar Wars Program Web sites; and other non-commercial efforts as determined by Tar Wars, AAFP, or state Tar Wars Program.

The only information that will be released to the media is your child's name, grade, and school.

If you accept these terms and conditions, please complete and sign this form and submit it with your child's poster for entry into the Idaho Tar Wars Poster Contest.

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size (circle one) Youth S M L  
Adult S M L

Name of Your Child's School \_\_\_\_\_

PRINTED Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian Phone Number \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_

Parent Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

