

ENTRY / RELEASE FORM

You Can Prevent Rabies Poster Contest

(IMPORTANT: Attach securely to the BACK of your poster.)

Student Name: First: _____ Last: _____

Grade: 5th 6th 7th 8th Age: _____
(Circle one)

Home Address	
City, State, Zip Code	
Home Phone	
Student Email	

School Name	
School Address	
City, State, Zip Code	
School Phone	

Parental Release (to be completed by parent or guardian):

I hereby authorize the Maryland Department of Health and Mental Hygiene to use my child's name, poster contest submission, and photograph for promotional purposes. My signature is an acknowledgement that I have read and agree to the terms of the "You Can Prevent Rabies Poster Contest" Rules.

Questions? For more information, click on "**Rabies and Poster Contest Information**" under **Quick Links** at www.dhmd.state.md.us, or call 410-767-5649.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Parent Email

Parent Phone