



Poster Contest Application

Thank you for participating in the 41st Annual National Missing Children's Day Poster Contest! Please be sure to complete this application and ask your parent/guardian to complete the consent and release form before submitting your poster to your State Contest Manager. Posters that are submitted without an application and consent and release form included will not be considered for the contest.

Name: _____

Age: _____

School: _____

School Phone: _____

School Address: _____

City: _____

State: _____

Zip Code: _____

Educator's Name: _____

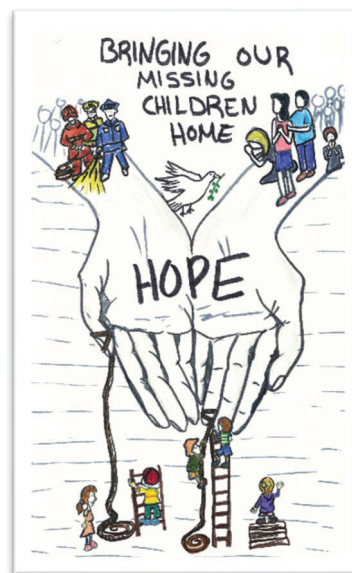
Educator's Email: _____

Salutation (circle one): Mr. / Mrs. / Ms.

Principal's Name: _____

Principal's Email: _____

Salutation (circle one): Mr. / Mrs. / Ms.



40th Annual Missing Children's
Day
Poster Contest Winner



Please tell us about your poster and why you created it: (100 words or less)

Artist's Biography. Tell us a little bit about yourself! (100 words or less)



Parent/Guardian Release and Consent Form

I hereby grant permission to use and reproduce the picture of my child, _____, and use my child's name in U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention related publications, news features, blogs, or other advertisements relating to the 41st Annual National Missing Children's Day Poster Contest. I also grant permission for my child to participate in any interviews with media relating to this event. I understand that any written statements may be edited or used, in whole or in part, or adapted with other materials, and I hereby waive all rights of privacy, compensation, control, or royalties that I may have.

I have read this document before signing below and warrant that I fully understand its contents.

Name of Parent/Guardian (*please print*)

Signature

Address

Date

City, State, Zip

Phone Number

Email Address