

Fight the Bite Poster Contest 2011 Entry Form

IMPORTANT: Please attach securely to the back your poster.

Student name: _____
(first) (last)

Grade (circle one): 5th or 6th Age: _____

Address: _____
(street) (apt #)

(city) (state) (zip)

Home Phone Number: (____) _____ Email: _____

School Name: _____ School Phone: (____) _____

School Address: _____
(street)

(city) (state) (zip)

Teacher Name: _____ Teacher Email: _____

To be completed by parent or guardian: I hereby authorize the CDC and the DEET Education Program 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 "Fight the Bite Poster Contest" Guidelines and Rules.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Parent Phone: (____) _____ Parent Email: _____

Questions? Please call 800-789-3300 or email alison@kroegerpr.com.

DEADLINE:
All entries must be postmarked
by April 18, 2011.

MAIL TO:
Fight the Bite Poster Contest
1289 Fordham Blvd.
Suite 235
Chapel Hill, NC, 27514