



NicotineFreeWeek.org
February 23-29, 2020

Nicotine Free Week Poster Design Submission Form

This form must be filled in and attached to each poster design entry. Please print clearly. A parent or guardian must sign the form for the Department of Health to display a minor's design and name on the Nicotine Free Week website or at a community event.

Artist's Full Name: _____ Age: _____ Grade: _____
(Only the first name and first letter of the submitter's last name will appear on the website. For example: AmyB.)

School/Group's Name: _____
(Will appear on the website)

School/Group's Contact Person Name and Phone: _____

Number of total entries received for the Nicotine FreeWeek Poster Design 2020 by your school/group: _____

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- The Department of Health may display my child's name, school, grade and poster design on the Nicotine Free Week website or at a community event (check if you give permission).
 - The Department of Health may put a reporter in touch with me if the reporter wants to photograph or interview my child (check if you give permission).

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

All submitted entries will display the child's name, school and grade on the back of the poster and on the Nicotine Free Week website and all entries will receive a Nicotine Free Week certificate. Prizes for top overall winners from each category will be announced at a later date. Send my child's certificate to:

Name: _____

Address: _____

_____ Zip Code _____

Parent/Guardian Signature: _____

Teacher/Group Leaders: Mail or deliver entries by Friday, March 6, 2020, to Learn To Live, Anne Arundel County Department of Health, 1 Harry S. Truman Parkway, MS#3102, Annapolis, MD 21401.

For additional information about the contest, go to www.NicotineFreeWeek.org and click on Poster Design Contest.