

Please attach one copy of this form to the back of the submitted artwork.

Children's Mental Health Awareness Week Art Contest

TEACHER/ADULT GROUP LEADER NAME: _____

DESCRIBE THE GROUP (CLASS, ORGANIZATION, ETC.): _____

ORGANIZATION/SCHOOL _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ (HOME/CELL) _____

DESCRIPTION OF ENTRY: _____

Permission for Public Use of Artwork

We give permission for our submission to the Children's Mental Health Awareness Week (CMHAW) Art Contest to be used publicly. We understand that all entries will be displayed publicly. We understand that the winning entry will be used in the poster design for CMHAW to be distributed statewide and may be used to develop other educational/promotional materials.

We understand that our artwork will not be returned to us, and it will become the property of the Federation of Families of South Carolina, to be used to promote and support CMHAW. This event is held in collaboration with other organizations and state agencies which will also have use of artwork and shall be held harmless.

Adult leader Signature and Date

Mail or Deliver Poster to:

Federation of Families of South Carolina
810 Dutch Square Blvd., Suite 205
Columbia, SC 29210

866-779-0402 – Please call if delivering