

Children's Mental Health Month Art Contest Entry Form

Teacher/Adult Name: _____

Child/Youth/Young Adult/Group Member Name(s): _____

Describe the Group (class, Organization, Etc.): _____

Organization/Schools: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Description of Entry: _____

Permission for Public Use of Artwork

We give permission for our submission to the Children's Mental Health Month (CMHM) 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 CMHM to be distributed statewide and may be used to develop other educational/promotional materials.

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

Adult Leader Signature

Date

**Mail or deliver artwork to:
Federation of Families of SC
810 Dutch Square Blvd. Suite 486
Columbia, SC 29210
If delivering, please call 803.772.5210/toll free 866.779.0402**