



Children's Mental Health Month Art Contest Entry Form

Teacher/Adult Name: _____

Student Name(s): _____

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

Organization/Schools: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Home/Cell: _____

Email Address: _____

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 will be used by the Federation of Families of SC to promote and support CMHAW. This event is held in collaboration with other organizations and state agencies and they will also have use of the artwork and it shall be held harmless.

Adult Leader Signature

Date