



# 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 Acceptance 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