

National Health Center Week Youth Poster Contest

Entry Form

DEADLINE: July 24, 2009, 5:00 PM

This form must be completed and attached to the back of your entry

Artist's Name: _____

Birth Date: _____

Home Address: _____

Phone Number: _____

Email: _____

Camp or Summer Program (if applicable): _____

Health Center affiliation, if any: _____

We hereby certify that this poster is the original artwork of the above named young person, was created entirely by him/her, and that no copyrighted images were used. We understand that all artwork entries become the artistic property of The Health Federation of Philadelphia, which reserves the right to free reproduction and exhibition of all submissions. The Health Federation takes no responsibility, and will not compensate for, any lost or damaged artwork. By submitting this entry, we give The Health Federation permission to publish and display the submitted entry at public exhibits, online, in publications and/or in promotional materials, at the discretion of The Health Federation.

Date: _____

Signature of Artist: _____

Printed name: _____

Date: _____

Signature of Parent/Guardian: _____

Printed name: _____

Please contact Suzanne Cohen at the Health Federation of Philadelphia with any questions: 215-567-8001, x3026 or scohen@healthfederation.org.