

Protect Me With 3+ 2021-2022 Contest Application Form

High School Poster Category



NOTE: STUDENTS MAY SUBMIT INDIVIDUALLY, OR AS PART OF A CLASS PROJECT. TO QUALIFY, ALL FIELDS MUST BE COMPLETED. WE WILL USE THIS INFORMATION TO CONTACT YOU IF YOU ARE A FINALIST.

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|------------------------------|--------------------------|
| Student's Name: | Vaccine Category: |
| Grade: | Age: |
| Teacher: | School: |
| Student's Cell Phone Number: | Student's Email Address: |
| Parent's Cell Phone Number: | Parent's Email Address: |

THE FOLLOWING MUST BE SIGNED BY THE STUDENT AND PARENT:

I have read and agree to all rules of the Protect Me With 3+ Contest and agree that my poster entry becomes the property of Protect Me With 3+ and its sponsors and may be displayed, published, donated or used in any way deemed appropriate to meet the goals of Protect Me With 3+. **I certify that this poster is my original work as witnessed below by my parent.**

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|---|-------|
| Student's Signature: | Date: |
| Parent/Guardian's Signature (if student is under 18): | Date: |