

Poster Contest Entry Form

Please type or print legibly the information requested below. If you do not know some of the information requested, please ask the student's parent(s) or guardian(s) to help you with this.

This form **must** be completed and attached (not stapled, taped, or glued) to your winning poster before sending it on to your coordinator for the State Poster Contest.

Student's Name _____

Student's Age _____ Grade _____ Gender: M F

Student's Home Mailing Address _____

Student's Home Telephone Number _____

Name of Student's Parent(s) or Guardian(s) _____

Name of Student's School _____

Name of Student's Teacher _____

School's Mailing Address _____

School's Phone Number _____

School or Teacher's Email _____

Name of Student's Local Newspaper _____

Name of Newspaper's Editor/Reporter _____

Newspaper's Mailing Address _____

Newspaper's Telephone Number _____

Editor or Reporter's Email _____



American Academy
of Family Physicians

TODAY'S FAMILY PHYSICIAN - SPECIALIZING IN ALL OF YOU.

Tar Wars®