



## 2001-2002 National Poster Contest Entry Form

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### Official National Poster Contest Entry Form

**Please Note** – All poster submissions become property of the AAFP Tar Wars program and will not be returned. Please be sure to make copies for yourself before submitting your poster.

**Please print or type in the following information:**

Name of Student \_\_\_\_\_

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 E-mail \_\_\_\_\_

Name of Student's Local Newspaper \_\_\_\_\_

Name of Newspaper's Editor/Reporter \_\_\_\_\_

Newspaper's Mailing Address \_\_\_\_\_

Newspaper's Telephone Number \_\_\_\_\_

Editor or Reporter's E-mail \_\_\_\_\_

Name of Tar Wars Classroom Presenter \_\_\_\_\_

Name of Tar Wars State/Regional Coordinator \_\_\_\_\_

# Authorized Release Form

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## Authorized Release Form for Tar Wars National Poster Contest Entries

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP) to utilize (your child's name) \_\_\_\_\_'s state and/or national poster contest submission and/or photograph for use in various promotional activities, including news releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.), reproduction in Tar Wars and AAFP publications, use on the official Tar Wars and AAFP Web sites, and other efforts as determined by Tar Wars or the AAFP. The only information that will be released to the media include your child's name, age, and hometown.

\_\_\_\_\_  
Your Child's Name

\_\_\_\_\_  
Your Child's Age/Grade

\_\_\_\_\_  
Your Child's Social Security Number (will be kept confidential)

\_\_\_\_\_  
Name of Your Child's School

\_\_\_\_\_  
Your Home Mailing Address

\_\_\_\_\_  
Your City, State, and Zip

\_\_\_\_\_  
Your Telephone Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Today's Date



**American Academy  
of Family Physicians**

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