



## Poster Contest Application

Thank you for participating in the 39<sup>th</sup> Annual National Missing Children's Day Poster Contest! Please be sure to complete this application and ask your parent/guardian to complete the consent and release form before submitting your poster to your State Contest Manager. Posters that are submitted without an application and consent and release form included will not be considered for the contest.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Educator's Name: \_\_\_\_\_

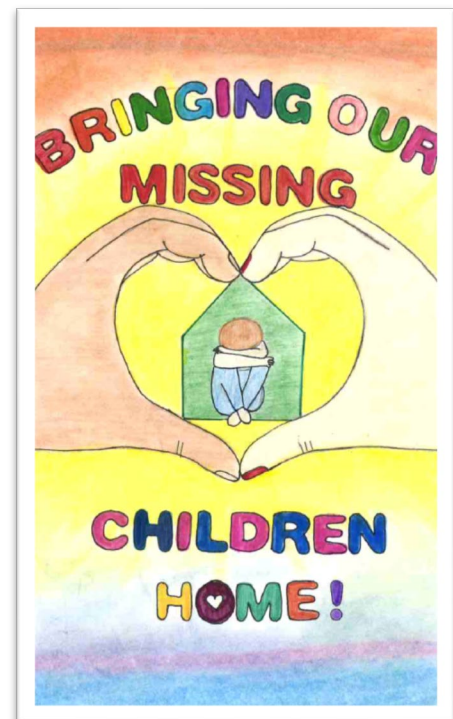
Educator's Email: \_\_\_\_\_

Salutation (circle one): Mr. / Mrs. / Ms.

Principal's Name: \_\_\_\_\_

Principal's Email: \_\_\_\_\_

Salutation (circle one): Mr. / Mrs. / Ms.



38<sup>th</sup> Annual Missing Children's  
Day Poster Contest Winner  
Heidy P. | Kansas



**Please tell us about your poster and why you created it: *(100 words or less)***

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**Artist's Biography. Tell us a little bit about yourself! *(100 words or less)***

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# Parent/Guardian Release and Consent Form

I hereby grant permission to use and reproduce the picture of my child, \_\_\_\_\_, and use my child's name in U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention related publications, news features, blogs, or other advertisements relating to the 40<sup>th</sup> Annual National Missing Children's Day Poster Contest. I also grant permission for my child to participate in any interviews with media relating to this event. I understand that any written statements may be edited or used, in whole or in part, or adapted with other materials, and I hereby waive all rights of privacy, compensation, control, or royalties that I may have.

I have read this document before signing below and warrant that I fully understand its contents.

\_\_\_\_\_  
Name of Parent/Guardian (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address