

Say it out loud

Children's Mental Health Poster Contest

2012 Entry Form

Name _____

Region _____

Age _____

Grade _____

Artwork title _____

Phone _____

Address _____

I accept that ICMHP will present artwork as close as possible to the originally submitted format. I agree that ICMHP retains all ownership rights of all submitted artwork. I agree to consider media appearances with artwork without compensation.