

HEADS UP FOR SAFETY

2009 Poster Contest Entry Form

Student's name _____

Student's home address _____

City _____ ZIP _____

Home telephone number () _____

Student's age _____ Grade K 2 3 4 5 6

Title of artwork _____

Statement of Originality

I certify that this is my original artwork. I hereby authorize Epilepsy Foundation, New Jersey to retain my poster and to use my artwork to promote helmet safety as deemed appropriate.

_____ Date

_____ Student's signature

_____ Date

_____ Parent's signature

School Information

Name of school _____

Principal _____

School address _____

City _____ County _____

ZIP _____ School phone number () _____

*This form must be attached to the back of the poster submitted.
All entries must be postmarked by October 16, 2009, and mailed to:
Family Resource Network/EFNJ, 35 Beaverson Blvd., Bldg 11, Brick, NJ 08723*

