



2017 National Missing Children's Day Poster Contest Application

2016 Winning Entry

Name: _____

Age: _____

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.



Michael W., Walnut, California

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

“Biography” — Tell us about yourself (100 words or less):

RELEASE AND CONSENT

I hereby grant permission to use and reproduce the picture of my child, _____, and use my 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 2017 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