

**“Bite Back Against Mosquito Attacks”
2009-2010 Student Poster Contest**

OFFICIAL ENTRY FORM

(Attention: Please attach to the back of your poster)

Student Name:

(First)

(Last)

Grade: (circle one) 4th 5th 6th

Address:

(Street)

(Phone)

(City)

(Zipcode)

(E-mail)

School Name: _____

School Phone Number: _____

School Address: _____

(Street)

(City)

(Zipcode)

Teacher: _____

(First)

(Last)

Teacher E-mail: _____

To be completed by parent or guardian:

To be completed by parent or guardian: I hereby authorize the Greater Los Angeles Mosquito and Vector Control Public Health & Educational Foundation and the Greater Los Angeles County Vector Control District to use my child's name, poster contest submission, and photograph for promotional purposes. My signature is an acknowledgement that I have read and agree to the terms of the “Bite Back Against Mosquito Attacks” Guidelines and Rules.

(Signature of Parent or Guardian)

(Date)

(Printed Name of Parent or Guardian)

(Parent E-mail)