Jeffersonville Township Public Library Card Design Contest

OFFICIAL ENTRY FORM

Contestant Information

First Name ______________________________________ Last Name ______________________________________

Email______________________________________ Phone_________________________ Age___________

Address_________________________________ City_________________________ St _________________

Zip Code ______________________________________

Please read this application carefully before signing below:

I grant the Jeffersonville Township Public Library the exclusive rights to freely reproduce, distribute, and publicity display, in whole or in part, any entry that I submit to the Card Design Contest. This includes the use of the name and likeness of individuals represented in the entry design.

I confirm that before submitting the Contest entry, I have obtained all permissions required for the Jeffersonville Township Public Library to exercise the rights outlined in this document.

By signing below, I confirm that I have read and agree to the rules and stipulations outlined in this and all support documents.

Contestant Signature:_______________________________________________________________________

All contestants under the age of 18 must have the bottom portion completed by a parent or legal guardian.

Parent or Legal Guardian Release:
I, (Please Print)_____________________________________________, am the parent or legal guardian of Contestant (Please Print) ________________________________________________________________.

My signature on this application confirms my agreement to the entry rules on the Participant’s behalf.

Parent or Legal Guardian Signature: _______________________________________________________.