

Jeffersonville Township Public Library Card Design Contest

OFFICIAL ENTRY FORM

Contestant Information

This form must be filled out in ink, and entirely. Entries that are incomplete will not be judged.

First Name _____ Last Name _____

Email _____ Phone _____ Age _____

Address _____ City _____ State _____

Zip Code _____ Home Library (Circle One) Jeffersonville Clarksville

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: _____

Parent or Legal Guardian Release (please print)

I, _____, am the parent or legal guardian of
Contestant _____.

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

Parent or Legal Guardian Signature: _____

