

## Fight the Bite Poster Contest 2010 Entry Form

**IMPORTANT: Please attach securely to the back your poster.**

Student name: \_\_\_\_\_  
(first) (last)

Grade (circle one): 5<sup>th</sup> or 6<sup>th</sup> Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (apt #)

\_\_\_\_\_  
(city) (state) (zip)

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip)

Teacher Name: \_\_\_\_\_ Teacher Email: \_\_\_\_\_

To be completed by parent or guardian: I hereby authorize the CDC and the DEET Education Program 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 "Fight the Bite Poster Contest" Guidelines and Rules.

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Parent Phone: (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Questions? Please call 1-888-NO-BITES.

**DEADLINE:**  
All entries must be postmarked  
by April 19, 2010.

**MAIL TO:**  
Fight the Bite Poster Contest  
1289 Fordham Blvd.  
Suite 235  
Chapel Hill, NC, 27514