



2008 Mentoring Poster Contest

Entry Form

Student's Name _____

Age _____ Grade _____ Gender M / F

Printed Name of Parent or Guardian _____

Home Address _____

Telephone Number _____

Email Address _____

Mentor's Name _____

Student's Mentoring Program (if any) _____

Date _____



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Authorization Form

I hereby authorize The Volunteer Center for Anne Arundel County, the Anne Arundel Mentoring Roundtable (AAMR), and The Maryland Mentoring Partnership to reproduce and use

_____ 's

(Student's name)

poster for promotional purposes among the following:

- News releases to the media (television, newspaper, magazine, outdoor advertising, etc.).
- Volunteer Center for Anne Arundel County, AAMR, and Maryland Mentoring Partnership program publications.
- The Volunteer Center for Anne Arundel County and Maryland Mentoring Partnership websites.
- Other non-commercial efforts as determined by The Volunteer Center for Anne Arundel County, AAMR, The Maryland Mentoring Partnership, or the student's mentoring program.

Only the following information will be released to the media: student's name (last name optional at discretion of parent/guardian), school, age, hometown, and mentoring program the student may be associated with.

If you accept these terms and conditions, please fill in the student's name, sign the form, and return it with the entry form and poster.

Signature of parent/guardian _____ Date _____