



CALIFORNIA INVASIVE SPECIES ACTION WEEK

YOUTH POSTER CONTEST ENTRY FORM

NAME:

AGE:

ADDRESS:

PARENT'S EMAIL:

PHONE:

ENTRY DIVISION:

GRADE: 2 - 4 5 - 8 9 - 12

SCHOOL STUDENT ATTENDS:

TELL US ABOUT YOUR POSTER:

PARENTAL/LEGAL GUARDIAN CONSENT:

I, the above signed, am the parent or legal guardian of the minor participant given above. By signing (or typing) my name, I certify that the above information is accurate and give permission for my child to participate in the youth poster contest. I consent to the use of my child's name, age, grade, school, poster image and description, and contest photos, but I understand that my contact information will not be released or shared for any other purpose.