



|| PAUSE TO CLICK >

MULTIMEDIA CONTEST ENTRY FORM

Your Name: _____

Your School: _____

Your Grade (circle one): 6th 7th 8th

Your Home Address: _____

Your Home Phone #: _____

What category are you entering? (circle one):

Song Lyrics

Video / PSA

Poster Design

Title of your entry: _____

Signature: _____ Date: _____

Teacher/parent signature: _____ Date: _____

Print Name: _____ Teacher Parent

Phone Number: _____

Please attach this original entry form to your contest entry. **Only entries with this completed form attached will be accepted.**

Submit entries to your contest representative or mail to:

Rainbow Injury Prevention Center
W.O. Walker Building #3024
10524 Euclid Ave.
Cleveland, OH 44106-6039

All submissions become the property of Rainbow Babies & Children's Hospital.