

2009 Shoo Flu, Shoo Art Contest
Entry Form

Teachers: If this is part of a classroom project, please fill out teacher and school information before duplicating and distributing to students. Duplicate and tape entry form to the back of artwork. **DO NOT STAPLE**

Entry Deadline: Postmarked by November 6, 2009.

Mail to: Georgia Department of Community Health, Shoo Flu, Shoo Art Contest, 2 Peachtree St., NW, 40th Floor, Atlanta, GA 30303

Grade (Check one)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">K</td> <td style="text-align: center;">1st</td> <td style="text-align: center;">2nd</td> </tr> </table>				K	1 st	2 nd	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">3rd</td> <td style="text-align: center;">4th</td> <td style="text-align: center;">5th</td> </tr> </table>				3 rd	4 th	5 th	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">6th</td> <td style="text-align: center;">7th</td> <td style="text-align: center;">8th</td> </tr> </table>				6 th	7 th	8 th
K	1 st	2 nd																			
3 rd	4 th	5 th																			
6 th	7 th	8 th																			
	Category I	Category II	Category III																		

All artwork must be 8.5" x 11" HORIZONTAL. Do not mat or frame and/or have lettering or borders on the front. Please tape the entry form to the back of artwork.

Please Print or Type _____
 Last Name First Name Birth Date

Home Address _____
 Street or P.O. Box

 City State Zip code

Telephone _____
 Home Parent Daytime E-mail Address

Art Entry Title _____

Medium Used
 (Crayon, Colored Pencil, etc.) _____

Contestant's
 Teacher _____

Teacher's E-mail
 Address _____

School Address

School Name (Full)

Street or P.O. Box

City

State

Zip Code

I hereby certify that this is my original work and is not a copy of published photographs, magazines, book illustrations, or materials protected by copyright laws. I understand that the Georgia Department of Community Health (DCH) and other sponsors are not responsible for loss or damage to my artwork and/or composition. I grant exclusive right to DCH and its designees to utilize my artwork and/or composition for reproduction and promotional purposes and to display my art; also, I agree that my artwork and/or composition may be used, altered, or published as they see fit without compensation to me.

Signature of Student _____ Date _____

Signature of Parent
Guardian or Teacher _____ Date _____

Entry questions should be directed to jburton@dch.ga.gov or by calling 404-656-7994. Entries should be postmarked by November 6, 2009, and addressed to **Georgia Department of Community Health, Shoo Flu, Shoo Art Contest, 2 Peachtree St., NW, 40th Floor, Atlanta, GA 30303**

Visit georgiahealthinfo.gov for contest rules and updates.