

Please print. This form may be photocopied

ENTRY FORM

Teacher _____

School _____

Address _____

City _____ Province _____

Postal Code _____ Telephone _____

List of Participants

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

I hereby certify that all rules, concepts and artworks (posters) submitted were created by the students named above and I understand all entries become the exclusive property of the Canada Safety Council, which reserves all rights. The posters submitted cannot be returned.

Signature of Teacher _____