

Poster Contest Application Form

Please Print

Contestant's name: _____

Contestant's Age (at time of submission): _____

Address: _____

State/Province: _____

Postal Code: _____

Country: _____

Telephone: _____

Program or School: _____

Name and Signature of Parent or guardian: _____

If one or more of my entries is selected, I agree to allow the U.S. Department of State, use of the selected entries for publication and promotion of U.S. Government programs. I have read the Poster Contest guidelines and affirm that this entry is in compliance with them. I understand that the U.S. Department of State assumes no responsibility for any artwork submitted and that submissions will not be returned.

Signature of Contestant: _____ Date: _____

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