## **National Grade 6 Poster Contest Entry Form** Complete this form (please print) and glue it to the back of your poster. Please do not use staples or paper clips. **Posters with incomplete entry forms** will be disqualified. Student's Full Name Age Parent/Guardian's Full Name **Telephone Number Teacher's Name Teacher's Email School Name** City/Town Prov/Terr **Postal Code Confirmations** I confirm that this student is enrolled in Grade 6 or in a Grade 5/6 or 6/7 split classroom for the 2023-2024 school year I understand that this submitted poster may be used by the contest organizers, government and public health offices to promote public health initiatives

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Parent/Guardian's Full Name	Telephone Nu	ımber				
Teacher's Name	Teacher's Em	ail				
School Name						
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City/Town	Prov/Terr	Postal Code				
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