

# CT COLT Poster Contest - Student Entry Form

Please type or print all information!

Student \_\_\_\_\_ Grade \_\_\_\_\_ Level \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Town \_\_\_\_\_ CONNECTICUT ZIP Code \_\_\_\_\_

Name of Principal \_\_\_\_\_

Name of Teacher \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_

Student participant and Parent/Guardian of minor students must sign the following release:

*"I hereby grant permission to CT COLT to publish this poster. I understand that by submitting this poster, it becomes the property of the Connecticut Council of Language Teachers."*

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent \_\_\_\_\_

Home Address \_\_\_\_\_

Town \_\_\_\_\_ -CT ZIP code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_