

SUBMISSION FORM

DO NOT ATTACH TO ANY POSTERS – PLACE ON TOP OF SUBMISSION PACKAGE ONLY!!

TEACHER / CONTACT FORM FOR SUBMISSIONS PACKAGE

**IF THERE IS MORE THAN ONE TEACHER SUBMITTING POSTERS, PLEASE SEPARATE POSTERS
BY TEACHER AND PLACE ONE SHEET ON TOP OF EACH PACKAGE**

Please **TYPE OR PRINT CLEARLY ALL** of the following information.

COUNTY: _____

1. TOTAL # OF POSTERS BEING SUBMITTED: _____

2. NAME AND EMAIL ADDRESS OF TEACHER / SCHOOL CONTACT (**Only One Contact per package**):

3. SCHOOL NAME AND ADDRESS (Incl street, city and zip code):

4. IF FIRE DEPT INVOLVEMENT, please provide fire department, contact name and phone or email (if available)
