

# SAFETY POSTER CONTEST – Student Entry Form



All entries must be submitted to the State Office on or before March 1.  
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212  
1-888-782-5712      www.tnpta.org

**2009-2010 THEME: “I Am Cyber Safe When ...”**

**ATTACH ENTRY FORM TO THE BACK OF EACH POSTER ENTRY**

**Name of Student** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Name of Parent** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Name of PTA/PTSA** \_\_\_\_\_

Name of President \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

President's email address \_\_\_\_\_

Name of Chairman \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Chairman's email address \_\_\_\_\_

Council \_\_\_\_\_ County \_\_\_\_\_ Region \_\_\_\_\_

**Name of School** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Principal \_\_\_\_\_

Teacher \_\_\_\_\_ Grade of student \_\_\_\_\_

I affirm that this is my own original creative work \_\_\_\_\_

Student's Signature

Affirmed by \_\_\_\_\_

Parent/Guardian/Teacher Signature

**For additional information contact the Tennessee PTA state office.**