



2009 Calendar Contest Entry Form

Child's Full Name: _____

Parent/Legal
Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Age: _____ Child's Gender: Male___ Female___

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

- Submit color 5X7 photo
- Submit \$5 for each photo submission (make check payable to: Brehon Institute) AND 2 first class postage stamps. The entry fee monies are used for contest costs and to serve the mission of Brehon Institute. The entry fee is nonrefundable.
- Postmarked by **DEADLINE DATE: January 31, 2009**

Mail completed form and photo(s) to:
Brehon Institute for Family Services, Inc.
2222 Old St. Augustine Road
Tallahassee, FL 32301

Number of Entries submitted: _____

If you have any questions, please visit www.brehoninstitute.org or call 850 656-7110.

I understand that if my child is a winner, I agree to allow Brehon Institute to publish my child's name, age and photo at its discretion, including promotional literature. I have read, understand and agree to the contest rules and regulations provided to me in print and on the web site. I also agree that I am the child's parent and/or legal guardian.

X _____
Parent/Legal Guardian

Date

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