

ENTRY FORM

OUR SCHOOL WILL PARTICIPATE IN THE 2010 ANTI-DRUG POSTER CONTEST

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT: _____

PHONE NUMBER: _____

Please attach this completed form to a typed list of all the students participating from your school and submit with posters to:

State's Attorney's Office
c/o Susan Neal
69 West Washington, Suite 2040
Chicago, Illinois 60602

DEADLINE: MARCH 31, 2010

For additional information, call Susan Neal at (312) 603-8714.