



## Entry Form for ACRB 2017 Art & Essay Contest

**IMPORTANT:** Before you complete this entry form, please be sure to read the official contest rules posted at [www.acrbgov.org](http://www.acrbgov.org) or on the contest information flyer.

Please complete this form and attach it to your art or essay entry and submit before the deadline. Entries submitted without this form will be disqualified. All entries must arrive at the Atlanta Citizen Review Board (ACRB) office **on or before 5:00 p.m., April 24, 2017.** Entries mailed must be **postmarked by midnight, April 24, 2017.**

*(Please print neatly or type)*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Atlanta School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Contestant's Name (Special Entry Category) \_\_\_\_\_

Please check the appropriate category for your entry:

### CITY OF ATLANTA SCHOOL STUDENTS

Grades 1 to 4 (Art): \_\_\_\_\_ Grades 5 to 8 (Essay): \_\_\_\_\_ Grades 9 to 12 (Essay): \_\_\_\_\_

*Note: If you are a student in grades 5 to 12, living in the City of Atlanta, you may opt out of the Essay Contest and submit an Art entry in the Special Open Entry category below. Only one contest entry will be allowed. Dual entries will be disqualified.*

### SPECIAL OPEN ENTRY CATEGORY (Atlanta and Metro Atlanta Areas)

*Note: Anyone living in the City of Atlanta and the surrounding Metro areas is eligible to enter. No grade or age requirement for this special category.*

Art (Special Entry): \_\_\_\_\_ Essay (Special Entry): \_\_\_\_\_

Please provide the following contact information:

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: GA Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*\*If student or contestant is under 18 years of age, Parent/guardian, please provide your email address:*

I have read, understand, agree, and abide by the **Official Rules of the Atlanta Citizen Review Board (ACRB) 2017 Art and Essay Contest.** Parent/guardian must sign for all entrants under 18 years of age.

Further, I certify that this art /essay is an original, created by the contestant.

Student's signature / Contestant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian's name (Print or type name): \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy policy note: This information will not be shared with any other party or shared for any other reason. Send email questions to [acrb@atlantaga.gov](mailto:acrb@atlantaga.gov) or call 404-865-8622.

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