



Contest Entry Form

Affix this form to the back of drawing on 8½ x 11 paper.

Child's Name: _____

Address: _____

City: _____

State: _____ Zip _____

Child's Age: _____ Character: _____

Name of Book: _____

[] I give permission to enter my child's drawing into above named contest and for it to be posted on promotion website if selected a winner. Posting to include child's first name, state, age and name of character and book only.

Parent/ Guardian Signature: _____

Mail to: Take a Healthy Bite Out of Reading Contest
PO Box 4347, Dept. 03, St. Cloud, MN 56398-4347

Entries must be postmarked by 10/7/08 and received by 10/15/08.

[Link to Contest Rules](#)