

This is my family!

First Name: _____ Age: _____ State: _____

I love my family because _____

Family Drawing Contest Registration Form

Instructions: Have a parent or guardian fill out this form! This information will be used to contact the winner and will not be redistributed or sold.

Parent/guardian name(s)	_____

Contact phone number	_____
Mailing address	_____

Email	_____
Child's birthday	_____

Thanks for entering our Family Drawing Contest. Everyone who enters will be recognized! All entries (with this form) must be submitted by April 30 to:

Family Pride Drawing Contest
PO Box 65327
Washington, DC 20035

or scan the artwork and email it along with the information from this form to david.jacques@familypride.org