

# @yourLibrary Entry Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

Library Media Teacher (TL) \_\_\_\_\_

I understand the CSLA poster contest rules, and will abide by them. I attest that the poster is completely my original work.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree that upon entering this contest, participants assign to the California School Library Association any and all copyrights for the posters submitted, and they consent to the public disclosure of the applicant's first name, grade, and school for purposes of promoting this and future contests.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## MAIL Artwork to:

Dr. Farmer,  
12062 Pine Street  
Los Alamitos, CA 90720



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**California School Library Association**  
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