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Please complete this form and attach with your submission. We may need to contact you during the editing and organizing phase. Please note, 100 submissions will be selected for publication.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read

and understand this Form.

Date: ______

Print Name of Participant: ______ Telephone No.: _____

Email Address: ______

Address: ______

Signature of Participant Print Name of Parent or Guardian, if applicable ______

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