

USE IT OR LOSE IT

High School Seat Belt Challenge



Your name: _____

Your school: _____

Your grade: 9th 10th 11th 12th

Your home address: _____

Your home phone number: _____

What category are you entering? (circle one)

song lyrics video/PSA poster

Title of your entry: _____

Your signature: _____ Date: _____

Teacher/parent signature: _____ Date: _____

Print name: _____ Teacher Parent

Phone number: _____

Attach this original entry form to your contest entry. If more than one person worked on this project, each person should fill out a form. Only entries with this completed form attached will be accepted.

Submit entries to the contest representative at your school, upload entries online at UseItOrLoseItChallenge.com or mail to:

Rainbow Injury Prevention Center
Rainbow Babies & Children's Hospital
Attn: Karen Dunn
10524 Euclid Ave., WLK 3024
Cleveland OH 44106-6039

All submissions become the property of Rainbow Babies & Children's Hospital.

