



UNION COUNTY NEW JERSEY
Joanne Rajoppi, Union County Clerk
Union County, New Jersey
2 Broad St.
Room 115
Elizabeth, NJ 07207

“I Voted” Sticker Design Art Contest

ENTRY FORM and PARENTAL CONSENT

PARTICIPANT’S FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ AGE: _____ GRADE: _____

SCHOOL INFORMATION

CHECK HERE IF HOMESCHOOLED:

NAME OF SCHOOL: _____ Grade _____

ADDRESS OF SCHOOL: _____

CITY: _____ STATE _____ ZIP CODE _____

CATEGORY IN WHICH YOU ARE PARTICIPATING: (CIRCLE ONE)

A: GRADES 5 – 8

B: GRADES 9 – 12

By signing this form, I agree to abide by all the “Official Rules” of the “I Voted” Contest.

Signature of participant _____ Date _____

PARENTAL CONSENT

PARENTAL CONSENT IS REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18.

I (print or type) _____, am the parent/legal guardian of the above-named participant. I hereby consent to his/her participation in the “I Voted Contest” sponsored by the Union County Clerk of Union County, New Jersey. By signing this form, I agree to abide by all the “Official Rules” of the Contest.

Signature of parent or guardian _____ Date _____