

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School and Grade (for Student Entries): \_\_\_\_\_

Primary (preschool-2<sup>nd</sup> grade) ☐ Intermediate (3-5 grades) ☐ Middle School (6-8 grades) ☐

High School (9-12<sup>th</sup> grades) ☐ Adults (ages 18+) ☐

By entering the 2017 Bookmark Contest I understand that the judges' decisions are final. I understand that by submitting this entry, I give the Yorba Linda Public Library permission to use my name, Bookmark, photography and/or likeness in publicity materials representing and/or associated with the Yorba Linda Public Library and/or Library partners. I agree that this Bookmark is my own work, and I have read and followed all contest rules and guidelines.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information: Contact 714-777-2873, ext. 6 for Adult Services, ext. 7 for Children's Services.