Premier's Action Committee on Family Violence Prevention

Comité d'action du premier ministre sur la prévention de la violence familiale

STORYBOARD CONTEST ENTRY AND RELEASE FORM

Name of Student: _____ Grade: _____

Name of School or Sponsoring Organization: _____

Name of Teacher or Organization Representative: _____

Tel: _____ Email: _____

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Parent/Legal Guardian Name (print) _____

Signature of Parent/Legal Guardian _____Date_____

Signature of Student_____ Date_____