2010 System of Care Conference Logo Contest Entry Form

Name: _____

Street Address: _____

City: _____ County: _____

Phone: _____ Cell Phone: _____

Grade or Graduation Date: _____ Age: _____

☐ I have my parent/guardian's permission to enter this contest (if under age 18).

Parent or Guardian Signature: _____

Please answer the following questions (attach an additional sheet if necessary).

1. Why did you choose the design you used for your logo?

2. What does your logo mean to you? Or what does it represent?

Please complete this form and submit it along with your original logo to the Association for Children's Mental Health (ACMH) 6017 W St Joe Hwy, Ste 200 Lansing, MI 48917 by Friday, July 9th, 2010.

For more information or questions about the contest, please contact Jessica Leese at 517-372-4016, or by email at acmhjessica@sbcglobal.net.