

Full Name of the Participant (Last Name, First Name, Middle) PRINT CLEARLY
Home Address
City State Zip Code Date of Birth (MM/DD/YYYY)
Place of Birth (City and Country) Daytime Telephone (Where we can reach you)
Email Address (print clearly)
How did you hear about the contest? Mark all that apply. Web/Social Media Radio/TV
Teacher (Mr/Ms) Others (Please specify)
Occupation (Check one)
High School I th Grade Name of School:
College/University st, nd, th year
Others (Please specify)

* Please read carefully below Certification Information, then sign the document with the date. This Registration Form must be included in your application for the 2018 Letter to My Parents Contest™ in Chicago

* Any minors that are participating must get consent from either parent or guardian in order to participate in this event. You can obtain consent form from our website or via email upon request.

I pledge that this letter is my own work.

I agree to abide by all guidelines and requirements of the 2018 Letter to My Parents Contest[™] in Chicago. I accept and understand that my letter will not be returned and will become property of the Letter to My Parents Contest[™] Organizing Committee, in which the letter may possibly be published in newspapers, web pages, electronic mails, magazines, as well as being presented/displayed in radio programs, television and in future events; possibly organized by any of the Organizing Committee member.

Signature of the Participant

2018 Letter to My Parents Contest[™] in Chicago is organized by: **Pilsen Wellness Center** and **ReACT (Relyukai Active Care Team) Chicago**. © 2018 Letter to My Parents[™] Contest in Chicago Date (mm/dd/yyyy)