

Or submit entry and consent form by email at: **Knowwhentosayno@pa.gov.**

**Deadline: October 31, 2015 by 10:00 PM**

Mail your entry and consent form to:

**Get Smart Kids Competition**

Pennsylvania Department of Health

Health and Welfare Building

625 Forster St.

Room 933

Harrisburg, PA 17120-0701

For more information, visit our website at: www.KnowWhenToSayNo.org.

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

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_

**2015 Get Smart Competition**

**Drawing Template**