

**2016 Get Smart Competition  
Drawing Template**



Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

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

Mail your entry and consent form to:  
**Get Smart Kids Competition**  
Pennsylvania Department of Health  
Room 933 Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120-0701

Or by e-mail at:  
knowwhentosayno@pa.gov

**Deadline: October 31, 2016 at 10:00 p.m. EST**

For more information visit our website: [www.KnowWhenToSayNo.org](http://www.KnowWhenToSayNo.org)