

# 2014 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 submit entry and consent form by email at:  
**Knowwhentosayno@pa.gov**

**Deadline: October 31, 2014 at 10pm EST**

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