



OFFICIAL IMAGINE POSTER ART CONTEST ENTRY FORM

NAME _____

PHONE (____) _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ E-MAIL _____

School: _____ Grade: _____

I confirm this is an original work of art and I am the artist of the enclosed poster(s). I further understand that there will be no notification of the contest results until May. I have read the official contest rules and will abide by the condition that the decision of the judge is final.

SIGNATURE _____ DATE _____

PRINT AND MAIL WITH POSTER(S) ON OR BEFORE April 25 TO:
IMAGINE, 702-3845 Sheppard Ave East. Toronto, M1T 3S8/Imaginescifi@yahoo.ca

*Visions of Science is a non-profit organization dedicated to promoting science and technology in the African Canadian community and other under-represented groups in science, technology, engineering and mathematics.