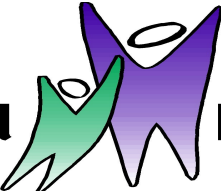


Coordinated  **Family Care**

Bookmark Design Contest Entry Form

(Please print or type legibly)

Artist Information:

Youth's First Name: _____ Last Name: _____

Parents/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Age: _____

(NOTE: Two (2) winners will be selected based on age group. Ages 4-12 & ages 13-21)

Sex: F M

*Care Manager's Name: _____

Title of Work: _____

Mailing address if different from the address listed above:

Address: _____

City/State/Zip: _____

Date Due: Friday, March 27th, 2009 *(Please Note: All entries must be received by this date)*

Send Your Entry To:

**Coordinated Family Care
Attn: Bookmark Contest
30 Silverline Drive, Suite 1
North Brunswick, NJ 08902**

Return of Entries:

The Contest administrators will make every effort to return entries through care managers or by a stamped, self-addressed envelope of an appropriate size, provided by the family. Coordinated Family Care administrators and staff members are not responsible for late, lost, stolen, misdirected, damaged, mutilated, incomplete or ineligible entries, or postage-due mail.

Rights Associated With Contest:

By entering the Coordinated Family Care *Bookmark Design Contest*, I understand that the creator/youth will retain the copyright to the original work. I, however, give permission for Coordinated Family Care to use and/or license this work, which will be credited to the creator, as it wishes, including (but not limited to) display, promotion, reproduction and distribution in all media and the right to create, display and distribute derivative works.

I release Coordinated Family Care, the participants on the panel of judges, employees, licensees, and successors from any liability or claimed liability in connection with this contest submission.

I warrant that the youth is the original creator of this artwork, and that it does not violate any right of privacy nor infringe upon the statutory or common law copyright or trademark of any person or party anywhere in the world.

I also give the parties listed above the right to use the entrant/creator’s name, likeness and biographical material in connection with the work.

Should you wish to keep the youth’s name confidential on the bookmark, please notify us and provide us with a name, initial, or alias you wish to be used below.

- Yes, creator/youth’s name may appear on the Bookmark.
- No, I prefer to keep the creator/youth’s name confidential.

Please use the following Alias/Name/Initial: _____

Signature of Parent/Guardian: _____
(If youth is under 18)

Printed Name: _____ Date: _____

Thank You!!

Questions

If you have questions, call or email Elba Hinestroza, Resource Development Specialist at: 732-572-3663 ext. 137 or ehinestroza@coordinatedfamilycare.com