2023 RELEASE FORM - PBL POSTER CONTEST **This form must be securely fastened to the back of the poster**

Student's Name			
Student's Home Address			-
City	State	Zip Code	
	Grade	_	
Teacher/Contact			
School/Organization			
School/Organization Addres	ss		_
City	State	Zip Code	
Telephone Nun	nber ()		
Teacher Email			
Student Email and phone_			_
Parent Email and phone			-
I hereby certify that this poster was original artwork and there are no co for public display or publication at s this poster becomes the property of I information that may be r	pyrighted character some time during or Project Brain Light (rs used. I agree that it may l r after the contest. I unders	be offered tand that d. The only
Signature of Stu	•	nature of Parent/Guardian o	or
Print Name		Print Name	
Date		Date	