



Health is...

Student Project Contest

CONTEST ENTRY FORM

Date: _____

Student Name: _____

Parent/Guardian Name: _____

Phone: _____ **Email:** _____

Teacher Name: _____ **Grade:** _____

Contact Phone: _____ **Email:** _____

School: _____

I understand that all submissions will become the property of the Riordan Clinic and will not be returned to the student. Riordan Clinic reserves the right to use all projects in promotions but commits to credit the student for their original work.

I promise that this is my original work and that I received minimal help from my teacher or guardian.

Student Signature

Teacher Parent/Guardian Signature

