



The Commonwealth of Massachusetts

Department of Public Safety

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Timothy P. Murray
Lieutenant Governor

Kevin M. Burke
Secretary

Thomas G. Gatzunis, P.E.
Commissioner

2007 Amusement Safety Poster Contest

ENTRY FORM

Please print or type legibly

1. Choose a grade category:

- Group 1 - 1st and 2nd Grades
- Group 2 - 3rd and 4th Grades
- Group 3 - 5th and 6th Grades

2. Applicant's Name:

_____ (first name) (middle Initial) (last name)

3. Parent/Guardian Name:

_____ (first name) (middle Initial) (last name)

4. Home Address:

_____ (number) (Street) (City) (State) (Zip Code)

5. Mailing Address:

_____ (P.O. Box or Street) (City) (State) (Zip Code)

6. Date of Birth:

_____ (month / day / year)

_____ (Grade currently enrolled)

Phone #: ()

7. Name of School / Grade

_____ (Name of school)

8. School Address:

_____ (number) (Street) (City) (State) (Zip Code)

9. School Judging Committee:

_____ (name)

_____ (contact phone # / e-mail address)

_____ (name)

_____ (contact phone # / e-mail address)

_____ (name)

_____ (contact phone # / e-mail address)

For Department Use Only – Do not write in this box

Date Received: _____

Panel Rating: _____

Panel: _____