

Love Your Tree

2011 Poster Campaign Registration Form

PLEASE PRINT CLEARLY

Artist Name: _____ Grade level: _____

Address: _____
Street address City State Zip

Email: _____ Phone: (____) _____

School: _____ Teacher: _____

Title of Artwork: _____

Art Media: _____ Size: _____

Artist Statement: "Like a tree, my body is..." _____

* Please call Kate Clemmer at (410) 427- 3886 to make arrangements to deliver your poster(s). *

**Be sure to include this *completed* form with your poster submission **

Poster submissions will be accepted
July 15th through December 16th, 2011



Physicians Pavilion North, Suite 300
6535 North Charles Street
Baltimore, Maryland 21204

"Love Your Tree" Release

By signing below, I confirm that my poster is an original piece of artwork that was designed and created solely by me, and I agree to have my poster and/or myself photographed and displayed on the Center for Eating Disorders' website: www.eatingdisorder.org. I fully understand that my poster is not guaranteed to be displayed on the site and that I will not be compensated for the use of my poster on the website.

Printed Name

Signature

Date

**If under 18, you must also have a Parent/Guardian sign here:*

Parent/Guardian Name

Parent/Guardian Signature

Date