

# Entry Form



Entry Title \_\_\_\_\_

Credits (anyone you want to credit for the work) \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Category Number \_\_\_\_\_ Category Name \_\_\_\_\_

Campaign Narrative (optional) 200 words or less unless specified otherwise on the Categories list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form you are verifying the following:**

- All information provided is accurate and true.
- All rules of the competition have been followed to the best of my knowledge.
- Proper rights were obtained for use of any elements of the entry that were not original.
- All entries become property of AMP. (Please submit copies only, not originals.)
- AMP has the right to use entries for the purposes of promoting the organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name