PRESENTS OUR 2ND ANNUAL

BUTTON design CONTEST

Create a picture or word slogan for a 2” button that promotes positive mental wellness and/or suicide prevention.

The winner will receive an iPad mini AND production of your button design for distribution!

Contest Rules

____ Create an original design graphic or slogan in the size of the circle below (2 inches).
____ Must be in grades 9 –12 to enter with guardian consent — to be completed on page two of this flyer.
____ Submit entry electronically by April 3, 2020 to ahoyt@aamentalhealth.org

Winner will be awarded at the May 9th Mind & Body Wellness Event for Teens & Families @ Old Mill HS.

Your Name & Age: ____________________________

Contact #: ____________________________

Contact email: ____________________________

* This contest was created by the Anne Arundel County System of Care which promotes quality behavioral health care and wellness for youth and their families. Questions about the contest can be directed to ahoyt@aamentalhealth.org or kmeltonsocialmarketing@gmail.com. Learn more about our Awareness Event by visiting www.aamentalhealth.org/tr_wellness.cfm
PERMISSION TO PRESENT/PUBLISH ARTWORK/SLOGAN

THIS COMPLETED FORM MUST BE ATTACHED TO EACH SUBMISSION IN ORDER TO BE CONSIDERED IN THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY BUTTON DESIGN CONTEST

The undersigned hereby give the Anne Arundel County Mental Health Agency, Inc. (AACMHA) the absolute right and permission, to display and modify the artwork/slogan described below with credit to the designer (as copyright owner or licensing agent of the material. AACMHA may list partial identification using the work or photograph of students under age 18.

Student Name_________________________________________________________________________
School_________________________________________________________Grade_________________
Title of Work__________________________________________________________________________
Medium______________________________________________________________________________

The original or modified artwork will be used as a logo and/or slogan for the Anne Arundel County System of Care.

AACMHA is hereby release and discharged from any and all claims and demands arising out of or in connection with the use of the artwork. I have read the following, fully understand the contents thereof, and give my permission as indicated below.

_____ Yes, AACMHA has permission to display the original and modified artwork/slogan referenced for Anne Arundel County System of Care.

_____ Yes, AACMHA has permission to use the submitted digital reproduction for the original and modified artwork for the Anne Arundel County System of Care logo and/or slogan and it does not need to be returned to me.

_____ Yes, please make a digital copy of my artwork/logo to be used by AACMHA for the System of Care.

I represent that I am the legal guardian of the above-named student and I hereby consent to the foregoing on their behalf.

Name ______________________________________________ Relationship: ______________________
Phone Number ____________________  Email _____________________________________________
Signature_________________________________________________ Date _____________________

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Sponsor of Anne Arundel County’s information website: www.networkofcare.org