

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.](#)



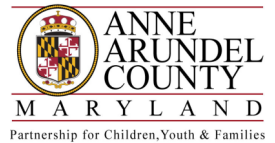
Create an **original drawing or graphic** for a 2.0” button that promotes youth mental wellness.

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





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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