

**2010 Official Entry Form**  
AITC Student Calendar Contest

Student's Name: \_\_\_\_\_

Description of picture: \_\_\_\_\_

Grade currently in: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

School Phone: (     ) \_\_\_\_\_

*By submitting your entry you agree to the conditions of the contest.*

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