



COMMUNITY
BLOOD BANK

A Member of America's Blood Centers

Our Donors Save Lives

Community Blood Bank of Erie County T-Shirt Contest Consent Form

I _____ hereby confirm that I am the artist of this submission and that this artwork is original and not a copy of any other licensed artwork. I understand that my artwork may be resized or altered slightly to fit publication/printing needs. I give my express consent to the use of my design, as well as consent to publish my name, school and grade by the Community Blood in their monthly publications, on their website, and on social media.

Name (printed) _____

Name of Parent/Guardian (printed) if under 18 years of age

Name (signed) _____

Name of Parent/Guardian (printed) if under 18 years of age

Date _____

Contact Information:

Name of Artist:

School:

Grade:

Phone Number (with area code):