



Puzzles Fund the Cure Design Contest Entry Form

Contestant Information

Contestant Name (First): _____

Date of Birth: _____

Title of Drawing: _____

Parent/Guardian Information

Parent/Guardian Name (Full): _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip: _____

Email: _____

Agreement

I agree that my artwork is original and agree to have my artwork become intellectual property of Ravensburger.

I, (Parent's/Guardian's Name) _____ agree to the contest's terms and conditions and acknowledge this submission on my child's behalf.

Contestant signature:

Date: _____

Parent/Guardian's signature:

Date: _____



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National Pediatric Cancer Foundation
at NationalPCF.org

Learn more about
Ravensburger at
Ravensburger.com

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