

INTERNATIONAL POSTER COMPETITION **DRAW ME ABOLITION**

"SIGNATURE" SLIP

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To be completed in CAPITALS, cut out and stuck to the back of your poster before sending

DATE OF BIRTH OF PARTICIPANT: ____(day) ____(month) _____(year)

NAME OF SCHOOL OR ORGANISATION (where applicable):

TOWN:		
COUNTRY:		

Check that your poster is in portrait (vertical) format



