



New York State Missing Children's Day Poster Contest Application

Thank you for participating in New York State's Missing Children's Day Poster Contest! Please be sure to complete this application and ask your parent/guardian to complete the consent and release form before submitting your poster. Posters that are submitted without an application and consent release form included will not be considered for the contest.

Name and Age: _____

School Name: _____

School Address: _____

City and Zip Code: _____

Educator's Name: _____

Educator's Email: _____

Educators Phone: _____

Salutation (circle one): Mr. / Mrs. / Ms.

Principal's Name: _____

Principal's Email: _____

Salutation (circle one): Mr. / Mrs. / Ms.



**2025 New York State
Contest Winner**

Hailey M. / Cicero, NY



Division of Criminal Justice Services

Please tell us about your poster and why you created it:

Artist's Biography—Tell us a little bit about yourself:



Parent/Guardian Release and Consent Form

I hereby grant permission to use and reproduce the picture of my child, _____, and use my child's name in New York State Division of Criminal Justice Services related publications, news features, blogs, or other advertisements relating to the Missing Children's Day Poster Contest. I also grant permission for my child to participate in interviews with media relating to this event. I understand that any written statements may be edited or used, in whole or in part, or adapted with other materials, and I hereby waive all rights of privacy, compensation, control, or royalties that I may have.

I have read this document before signing below and warrant that I fully understand its contents.

Name of Parent/Guardian (please print)

Signature

Address

Date

City, State, Zip Code

Phone Number

Email Address