

# Love Your Tree

## 2011 Poster Campaign Registration Form

PLEASE PRINT CLEARLY

Artist Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Art Media: \_\_\_\_\_ Size: \_\_\_\_\_

Artist Statement: "Like a tree, my body is..." \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please call Kate Clemmer at (410) 427- 3886 to make arrangements to deliver your poster(s). \*

\*\*Be sure to include this *completed* form with your poster submission \*\*

Poster submissions will be accepted  
July 15<sup>th</sup> through December 16<sup>th</sup>, 2011



Physicians Pavilion North, Suite 300  
6535 North Charles Street  
Baltimore, Maryland 21204

### "Love Your Tree" Release

By signing below, I confirm that my poster is an original piece of artwork that was designed and created solely by me, and I agree to have my poster and/or myself photographed and displayed on the Center for Eating Disorders' website: [www.eatingdisorder.org](http://www.eatingdisorder.org). I fully understand that my poster is not guaranteed to be displayed on the site and that I will not be compensated for the use of my poster on the website.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*If under 18, you must also have a Parent/Guardian sign here:*

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date