

# CONTEST ENTRY FORM

LINCS PRESENTS



DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

**ALL PROCEEDS GO TOWARDS ANTI-BULLYING AWARENESS/PREVENTION PROGRAMS AND CAMPAIGNS**

**METHOD OF PAYMENT (SORRY NO CASH ACCEPTED):**  CHECK  CREDIT CARD

Make checks payable to Long Island Network of Community Services, Inc. (LINCS)

Mail to: 60 Adams Avenue • Suite 101 • Hauppauge, NY 11788

**IF PAYING BY CREDIT CARD, PLEASE SUPPLY YOUR INFORMATION:**

CARD #: \_\_\_\_\_ CARD TYPE:  M/C  VISA  AMEX

NAME ON CARD: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



For more information visit us online at:  
**BiasHELP.org or lincsonline.org**

