

**2007 CHILD OF THE YEAR OFFICIAL CONTEST ENTRY FORM**

All applications must be postmarked no later than March 15, 2007

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Parent/s or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sponsoring Individual: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING ALONG WITH YOUR SUBMISSION:**

1. A PHOTO with GOOD REPRODUCIBILITY (If submitting entry via email, please submit picture in regular mail with child's name and D.O.B. clearly marked on back).
2. A brief biographical sketch of the child.
3. A brief description of the child's communication disorder.
4. A general description of the child's communication skills.
5. A general description of the child's education/rehabilitation experiences.
6. A summary of the child's accomplishments and personality/character.

**PHOTO RELEASE:** This release also serves as permission for the child to be entered in the Arizona Child of the Year Contest and must be signed by a parent or legal guardian.

I hereby, voluntarily and without compensation, authorize the use of photographs and biographical information about my son/daughter, \_\_\_\_\_, by the 2007 ArSHA Child of the Year Committee as part of the 2007 Child of the Year Contest. I understand these photographs and this information may be used in the Arizona "May is Better Hearing and Speech Month" publicity.

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

Send entries to: 2007 Arizona Child of the Year Contest  
c/o Kimberly Robinson  
P.O. Box 30988  
Phoenix, AZ 85046  
Email: kimecko@yahoo.com  
Phone: (602) 354-8062