

***Speak Up for Fairness! Contest***  
**Office of the Ombudsman of British Columbia**

***Entry Form***

(Please print all information)

1. Student Name and Grade level: \_\_\_\_\_
2. School Name and Address: \_\_\_\_\_
3. City/Town and Postal Code: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please make sure that your entry includes your name, grade, and school as well as your mailing address. Your submission will not be returned, so please keep a copy for yourself.

By filling out and submitting this entry form, you are agreeing to be bound by the contest rules. This entry form must accompany all submissions.

**Permission to Announce Winner's Name**

I agree that if this student wins the contest, the Ombudsman's office can publish his or her name and the grade she or he attends, as well as the name of his/her school and hometown. In addition, the student agrees, if necessary, to have her or his picture taken to be posted on the Ombudsman's website or a local newspaper as part of the publication of the winning entries. The Ombudsman's office will only use this information to announce the winning entries of the Speak Up for Fairness! contest and will not share the student's personal information with other entities, without the explicit consent of the student's parent or guardian.

\_\_\_\_\_  
*Name of Parent or Guardian*  
*(or student if 18 or over)*

\_\_\_\_\_  
*Signature of Parent or Guardian*  
*(or student if 18 or over)*

\_\_\_\_\_  
*Date*

**Entries must be submitted by 5:00 pm February 15, 2010:**

*By Mail at:*

Speak Up for Fairness! Contest  
Office of the Ombudsman  
PO Box 9039 Stn Prov Govt  
Victoria, BC V8W 9A5

*By e-mail:*

[Contest@ombudsman.bc.ca](mailto:Contest@ombudsman.bc.ca)

*By Fax:*

Speak Up for Fairness! Contest  
Office of the Ombudsman  
(250) 387 - 0198