

MSHA *Ambassador* of the **Year Contest**



Mail your entries to:

Teresa G. Kemper, M.A., CCC-SLP
VP for Professional and Public Relations
1121 NE Columbus St.
Lee's Summit, MO 64086

OFFICIAL ENTRY FORM

4 COPIES ARE REQUIRED

Adult Child

Person's Name _____

Birthdate _____ Person lives with: Father Mother Both Parents _____

Father and/or Mother _____ Other _____

Address _____ Address _____

Phone (Home) _____ Phone (Home) _____

(Work) _____ (Work) _____

----- **ALL SECTIONS MUST BE COMPLETED** -----

Brief biographical sketch of the person, to include a description of the family: _____

General description of the person's communication skills: _____

General description of the person's education experiences: _____

General description of the person's personality (e.g., likes, dislikes, favorite activities, behavior among peers, etc.) _____

Sponsor's Name: _____ Phone _____

Address _____ Email _____

This release form serves as permission for the person to be entered in the contest. This form must be signed by the parent/legal guardian.

I hereby and voluntarily without compensation, authorize use by MSHA of photographs and biographical information about the person _____ as part of the Ambassador of the Year Contest for Better Speech and Hearing Month. I understand that these photographs and this information may be used in MSHA publicity.

Signature _____ Date _____