

2015 MSLA

Bookmark Contest

www.maschoollibraries.org

"Look what I discovered
at my

SCHOOL LIBRARY!"



Student's Name (PRINT CAREFULLY) _____

Grade: _____

School: _____ Address: _____

City: _____ Zip: _____

School Librarian: _____

School Librarian's Email: _____

Your local newspaper(s) and address: _____

Student work / pictures of the student may be used for: ...X... News Release X Photographs X Video X
Audio X MSLA webpage to be used for the purpose of publicizing School Libraries in Massachusetts and the school library
programs in schools.

I (we) give my (our) permission to the Massachusetts School Library Association to use my child's name and intellectual property and/or photograph, videotape, or any likeness for publicity and the use of statements/bookmarks made or attributed to my child relating to this bookmark contest and School Library Month and grant to MSLA any and all right to said use without further compensation. It is my (our) understanding that my signature below releases MSLA from any financial or legal responsibility for the use of this media relations/promotional materials.

Signed: _____ Relationship: _____ Date: _____

PLEASE PRINT PARENT/GUARDIAN NAME: _____

DIGITAL ENTRIES must use this form. The text box **MUST** maintain dimensions of 9.84" x 3"