

Children & Youth Mental Health Awareness Day

Thursday, May 9, 2019



BUTTON *design* CONTEST

Create a picture or word slogan that promotes positive mental wellness and/or suicide prevention.

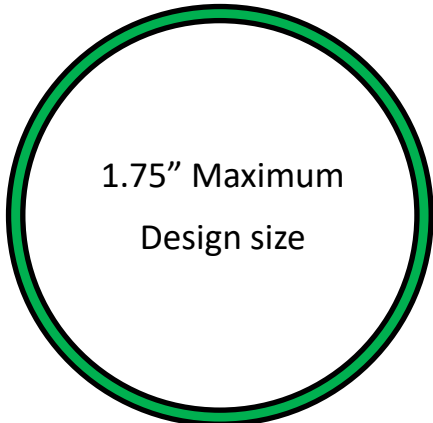
The winner in each category will receive an iPad mini

AND production of your button design for distribution

Contest Rules

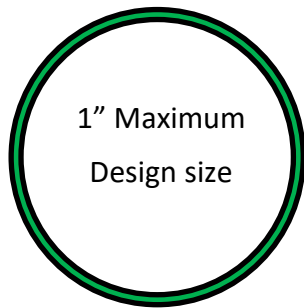
- ___ Create an **original design** graphic or slogan in the size of the circle(s) below.
- ___ Submit entry electronically by **April 12, 2019** to ahoyt@aamentalhealth.org

- ___ Must be ages 14-18 to enter.
- ___ Complete the consent form on page two (or the backside) of this flyer.



1.75" Maximum
Design size

Create an **original drawing or graphic** for a 1.75" button that promotes youth mental wellness.



1" Maximum
Design size

Create an **original word slogan** for a 1" button that promotes youth mental wellness.

Your Name & Age:

Contact #:

Contact email:



* This contest was created by the Anne Arundel County System of Care which promotes quality behavioral health care and wellness for youth and their families. Questions about the contest can be directed to ahoyt@aamentalhealth.org or kmeltonsocialmarketing@gmail.com. If you are a parent/guardian or youth with behavioral health experiences and would like to become more involved with the AA Co. System of Care, please contact the same email addresses provided above. Learn more about Awareness Day by visiting www.samhsa.gov/childrens-awareness-day



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PERMISSION TO PRESENT/PUBLISH ARTWORK/SLOGAN

THIS COMPLETED FORM MUST BE ATTACHED TO EACH SUBMISSION IN ORDER TO BE CONSIDERED IN THE ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY BUTTON DESIGN CONTEST

The undersigned hereby give the Anne Arundel County Mental Health Agency, Inc. (AACMHA) the absolute right and permission, to display and modify the artwork/slogan described below with credit to the designer (as copyright owner or licensing agent of the material. AACMHA may list partial identification using the work or photograph of students under age 18.

Student Name _____
School _____ Grade _____
Title of Work _____
Medium _____

The original or modified artwork will be used as a logo and/or slogan for the Anne Arundel County System of Care.

AACMHA is hereby release and discharged from any and all claims and demands arising out of or in connection with the use of the artwork. I have read the following, fully understand the contents thereof, and give my permission as indicated below.

____ Yes, AACMHA has permission to display the original and modified artwork/slogan referenced for Anne Arundel County System of Care.

____ Yes, AACMHA has permission to use the submitted digital reproduction for the original and modified artwork for the Anne Arundel County System of Care logo and/or slogan and it does not need to be returned to me.

____ Yes, please make a digital copy of my artwork/logo to be used by AACMHA for the System of Care

I represent that I am the legal guardian of the above named student and I hereby consent to the foregoing on their behalf.

Name _____ Relationship: _____
Phone Number _____ Email _____
Signature _____ Date _____

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Sponsor of Anne Arundel County's information website: www.networkofcare.org