



Due: February 1

ONTARIO SUBSTANCE ABUSE POSTER CONTEST PARTICIPATION FORM

Contest Period 20 ____ - 20 ____

Council #: _____ Grand Knight: _____

Telephone # _____ Location _____ email _____

CONTEST PARTICIPATION FORM: Immediately following the local council contest, the Grand Knight will complete and submit this form (SO-4001 / 19) to the Ontario Substance Abuse Poster Contest State Chairman Jean-Claude Legault kofclegault @ gmail.com or mail to 47 Goodwin Ave Bowmanville, ON L1C4Z5. This form provides valuable participation statistics as well as feedback about the contest in general.

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL'S CONTEST

BOYS

AGE GROUPS	8 - 10	11 - 13	14 - 17	TOTALS
ALCOHOL ABUSE				
DRUG ABUSE				
TOTALS				

GIRLS

AGE GROUPS	8 - 10	11 - 13	14 - 17	TOTALS
ALCOHOL ABUSE				
DRUG ABUSE				
TOTALS				

PERSONAL COMMENTS OF OBSERVATIONS CONCERNING THE CONTEST

FORWARD TO: Ontario Chairman – Substance Abuse Poster Contest

COPY TO: District Deputy & Council File