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ONTARIO SUBSTANCE ABUSE POSTER CONTEST DISTRICT DEPUTY WINNERS REPORT AND MEDALLIONS ORDER FORM

Contest Period 20 ____ - 20 ____

District #: _____ District Deputy: _____

Please list the names and addresses of the winners of each category in the space provided, and submit this information with the winning posters and winning entry forms to the Regional Judging Chairman (if applicable), and/or copy to State Office for ordering of "Medallions" by May 1.

ALCOHOL ABUSE AWARENESS

	AGE 8-10	AGE 11-13	AGE 14-17
NAME	_____	_____	_____
ADDRESS	_____	_____	_____
CITY	_____	_____	_____
POSTAL CODE	_____	_____	_____
TELEPHONE	_____	_____	_____
COUNCIL #	_____	_____	_____

DRUG ABUSE AWARENESS

	AGE 8-10	AGE 11-13	AGE 14-17
NAME	_____	_____	_____
ADDRESS	_____	_____	_____
CITY	_____	_____	_____
POSTAL CODE	_____	_____	_____
TELEPHONE	_____	_____	_____
COUNCIL #	_____	_____	_____

Form # SA-RD 2018: For information, questions or clarification reach the Ontario State Chairman, Substance Abuse Poster Contest: email: kofcadams@gmail.com (519) 756-5859