



Due: Febuary 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 Sean Adams kofcadams@gmail.com or mail to 146 Wood St., Unit E, Brantford ON N3R 2L5. 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 CONCERNNG THE CONTEST

FORWARD TO: Ontario Chairman – Substance Abuse Poster Contest

COPY TO: District Deputy & Council File