



APPLICATION FOR CONTEST APPROVAL

DEADLINE FOR APPLICATION _____

All terms on the application must be completed. Incomplete applications will not be considered. Attach additional information as desired. The District Ad Hoc Contest Task Force will approve or disapprove, in accordance with School Board Policy 9700 - Relations with Special Interest Groups. If, at the time of your application, it is impossible to fill in any of the blanks on this form, indicate when the information will be provided to this office.

Please type or print.

TYPE OF CONTEST (Essay, Poster, etc.)		SUBJECT		SPONSORING ORGANIZATION	
PURPOSE				GRADE LEVEL OF ENTRANTS	
				Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Senior <input type="checkbox"/>	
SPECIFICATIONS FOR ENTRIES (E.g., Poster Size, Color/Black & White, Typewritten, Length)					
IDENTIFICATION OF ENTRIES SUBMITTED (E.g., Student's Name, Address, Age, Name of School)					
TYPE OF AWARD (E.g., Plaques, Certificates, Saving Bonds) Please be specific.					
Local <input type="checkbox"/> State <input type="checkbox"/> National <input type="checkbox"/>					
METHOD OF JUDGING		CONTEST DATES			
		Beginning _____ Ending _____ Announcement of Winners _____			
SCHOOL REPRESENTATIVE (Name & Phone No. of Contact Person for Promotion of Contest)					
PLAN FOR REPRESENTING THIS CONTEST TO STUDENTS					
ORGANIZATION'S REPRESENTATIVE (Name & Phone No. of Contact Person)					
MAIL ENTRIES: (Designated Person)		(Address)		(Phone)	
SIGNATURE OF APPLICANT _____		DATE _____			
ADDRESS _____		TELEPHONE _____			

If possible, please attach a copy of your contest requirements, brochure, etc.

RETURN APPLICATION TO:
The Division of Athletics, Activities and Accreditation Miami-Dade County Public Schools 9040 SW 79th Avenue Miami, FL 33156 Mail Code: 9723 Attention: Mr. Ira Fluitt Fax #: 305-275-3720 irafuitt@dadeschools.net