

SCCDSB Branding Contest 2015

Submission Form



Student Name: _____

School Name: _____

Grade: _____

Teacher Contact: _____

Slogan for Graphic and Submission: _____

I will allow my graphic and slogan to be displayed for judging:

Yes ___ No___

The St. Clair Catholic District School Board has my permission to retain and utilize my logo and slogan on their website, promotional materials and social media tools?

Yes ___ No___

I _____ agree to allow my creations to be used by the St. Clair Catholic District School Board and I confirm that I have not used any copyrighted materials in the production of this branding.

Student Signature

Parent (Caregiver) Signature

Date Signed: _____

Please email this form to Chris.Preece@st-clair.net or fax to 519-627-8230 along with your branding. For more information contact Chris, Mental Health and Wellbeing Lead, at 519-627-6762 ext. 291