



Dole "5 A Day Friends" artwork used with permission from Dole Food Company's Nutrition & Health Program.

Inland Wellness Information Network,  
San Bernardino County Medical Society & Alliance

Entry Form Grades K-6

# HEALTHY LIFESTYLES

Award Program

School District: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact Person & Title

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Teacher (if different from contact person): \_\_\_\_\_

Grade of class: \_\_\_\_\_

Number of students participating: \_\_\_\_\_

(Please attach a printed alphabetical list of students' names for certificate purposes.)

The Medical Society must receive completed projects with a submission letter, and properly completed copyright transfer agreement to be eligible for judging.

Judges reserve the right to disqualify an entry that does not conform to contest rules. All students receive a certificate of participation.

Once judging has been completed, winners will be notified by mail.

Sponsor(s)

