



2010 Youth of the Month Release Form

(Please Print)

Name of Nominee: _____

Age of Nominee: _____

Mailing Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Number(s): _____

Youth/Youth Group Member:

___ Yes, my name and/or picture/logo, and description of my participation in youth advocacy work may be used in print and/or posted to the National Federation of Families for Children's Mental Health website [<http://www.ffcmh.org>] and/or CD-ROM.

___ No, my name and/or picture/logo, and description of my participation in youth advocacy work may not be used in print and/or posted to the National Federation of Families for Children's Mental Health website [<http://www.ffcmh.org>] and/or CD-ROM.

Parent/Guardian *(required for children or youth under the age of 18)*

___ Yes, my child's name and/or picture, and description of their participation in youth advocacy work may be used in print and/or posted to the National Federation of Families for Children's Mental Health website [<http://www.ffcmh.org>] and/or CD-ROM.

___ No, my child's name and/or picture, and description of their participation in youth advocacy work may not be used in print and/or posted to the National Federation of Families for Children's Mental Health website [<http://www.ffcmh.org>] and/or CD-ROM.

Youth/Youth Group member Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

(Required for children or youth under the age of 18)

Internal use only

Name: _____
Title: _____
Age Group: ___ 0-5 ___ 6-11 ___ 12-16
Status: _____

Mailing Address: _____

C/M _____ Date _____