



Mailing: Post Office Box 1763, Chiefland, Florida 32644
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Release Form for participation in AFCD Speech Contests

Conservation District Name _____

All students participating in any Florida District, Area, or State AFCD speech contest must submit this form prior to participation:

STUDENT

Name: First _____ Middle _____ Last _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

SCHOOL

Name: _____

Instructor's Name _____

Grade _____ Age _____

Phone _____ Email _____

PARENTS OR GUARDIAN

Name _____

Phone _____ Email _____

I hereby acknowledge that I am the parent/ guardian of _____ and hereby give authorization for my child to participate in the AFCD/FCDEA speech contest at District level, and at Area and State levels, if selected. This acknowledgement includes the right of AFCD/FCDEA to use my child's photograph and/or contents of his/her speech for educational or promotional purposes.

Signed by: _____

Print: _____

Date: _____