YOUTH DAYS 2012

Montana Behavioral Initiative,
Character Education and Service-Learning

Registration and R.S.V.P.

Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

FAX: (406) 444-3924- Deliver to Susan Bailey-Anderson

☐ MILES CITY – SEPTEMBER 30-OCTOBER 1, 2012 – Fax or mail back by September 21, 2012

☐ MISSOULA – OCTOBER 7-8, 2012 – Fax or mail back by September 27, 2012

☐ GREAT FALLS- NOVEMBER 4-5, 2012 – Fax or mail back by October 25, 2012

☐ BOZEMAN – NOVEMBER 11-12, 2012 – Fax or mail back by November 1, 2012

☐ BILLINGS – DECEMBER 2-3, 2012 – Fax or mail back by November 23, 2012

Please Check:

☐ High School ☐ Middle School

School: _____ Contact Name: _____

Phone: _____ E-Mail Address: _____

☐ Reserve a table for Poster Session

Student Name (please print)	**Release Form ✓**

Chaperone Name

_____

Montana
Office of Public Instruction
Denise Juneau, State Superintendent
In-state toll free 1-888-231-9393
opi.mt.gov

RELEASE FORM

I authorize the OPI to use the

- ☐ work
- ☐ artwork
- ☐ vocal recording
- ☐ music
- ☐ name
- ☐ poetry, essays, or other literary works
- ☐ quotations
- ☐ photograph or likeness
- ☐ other: _____

Of _____ (print name of minor or individual) on the website, in brochures, and in other printed or digital publications developed by OPI. I understand the Internet is accessible to the general public. The OPI shall not be responsible for any use of the above by individuals accessing the Internet. If I subsequently indicate in writing that I would like any of the above to be withdrawn from the web site or not used in future brochures or other printed or digital publications, OPI agrees cease use within sixty (60) days from receipt of my written request.

Such request should be mailed to:

Montana Office of Public Instruction
OPI Contact:
P.O. Box 202501
Helena, Montana 59620-2501

If the person named above is a minor, I am the parent or legal guardian of the minor and consent to the use of the above subject as described above. I have the legal right to issue such consent.

Signature: _____

(Print Name)_____

Phone number:_____

Address: _____

Date: _____

OPI Contact:_____

Approved by State Superintendent Denise Juneau May 1, 2012