



2010 State Contest Registration Form

School or Program Name _____

Address _____

City/County/State/ZIP _____

School District _____

Superintendent _____

Principal _____

POL Lead Teacher _____

Work Email _____

Personal Email _____

Work Phone _____

Personal Phone _____

POL Backup Contact _____

Work Email _____

Personal Email _____

Work Phone _____

Personal Phone _____

This is an Acrobat form -- use Adobe Reader (free at www.adobe.com) to complete it.

- 1) Complete the form online
- 2) Save the completed form to your desktop
- 3) Send the completed form as an email attachment.

Email: poetryoutloud@arts.state.ms.us **FAX:** 601-359-6008 (Attn: Kim Whitt)

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