

## Crates of Caring

### Submission form

Group Name:	
Group Representative:	
Group Address:	
Group Contact #:	
Group Contact Email:	
Description of Group:	
Category Submission:	
Name of Crate:	
Number (#) of Participants:	
# of Can Goods:	
# of Other Food Items:	
Total # of Food Items	
All Items Checked for Expiration:	

In conjunction with my participation in this contest, I hereby declare the followings:

1. That I am the lawful owner/authorized party of the crate submitted.
2. That I give The Health Museum and its partners the absolute rights and permission to the copyrights to use or reuse, to publish or republish and to produce the image/works that I have submitted.
3. That I have met with all the rules and regulations stated for this contest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your entries by October 31, 2019 by 5:00 PM to: The Health Museum, 1515 Hermann Drive, Houston, TX 77004.

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For more information, please email:

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 Website: [www.thehealthmuseum.org/cratesofcaring](http://www.thehealthmuseum.org/cratesofcaring)

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 Matthew's Birthday Wish  
 Tel: 281-777-0533  
 Email: [matthewsbirthdaywish@gmail.com](mailto:matthewsbirthdaywish@gmail.com)  
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