# Massachusetts Chapter of the National Organization for Women 2017 Feminism in Action Contest Registration Form

Name

DOB

Address

City

Zip Code

School (if applicable)

Age

E-Mail Address

Telephone ( ) -

*I understand that by submitting to this contest, I am authorizing the Massachusetts Chapter of the National Organization for Women to use my submission at its discretion, including, but not limited to, posting on websites, including in printed materials, and/or displaying at various public events. I certify that the work submitted is my own and any other sources in this work are properly noted and cited. I understand that implementation funds will be granted and disbursed at the discretion of Mass. NOW*. I *acknowledge that I have read the rules and I am eligible to participate in this contest, and I understand that the decision of the judging panel is final.*

Applicant Signature:

Applicant Printed Name:

Questions: Please email all questions to [massnow@massnow.org.](mailto:massnow@massnow.org)