

Fire Prevention Week



Test your
smoke alarms
and make a
family
escape plan.





FOR TOWNSHIP USE:

Entry # : _____ Age Category : _____

Date Received: _____

FIRE PREVENTION WEEK COLOURING CONTEST

CHILD'S INFORMATION

Child's Name: _____ Age: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

CONTEST ENTRY

By submitting this entry, I confirm that:

- ☐ The artwork is my child's own work.
- ☐ I understand that entries must be received by **October 19, 2026** and that one entry per child is permitted.
- ☐ I understand that entries will be judged according to the contest criteria and that the judges' decision is final.

PERMISSION TO SHARE ARTWORK

If selected, I give the Township of Adelaide Metcalfe permission to display or reproduce my child's artwork for Township-related purposes, including the Township website, social media, newsletters and municipal displays.

☐ YES ☐ NO

PERMISSION TO PUBLISH FIRST NAME

If selected as a winner, I give the Township permission to publish my child's first name and age category alongside their artwork.

☐ YES ☐ NO

PARENT/GUARDIAN CONSENT

I confirm that I am the parent or legal guardian of the child named above and consent to their participation in the Fire Prevention Week Colouring Contest.

Parent/Guardian Signature: _____ Date: _____

Personal information is collected by the Township of Adelaide Metcalfe for the administration of the Fire Prevention Week Colouring Contest, including eligibility, contacting participants, judging and awarding prizes. Information will be handled in accordance with applicable privacy legislation and Township policies. Questions, please contact the Township office at (519) 247-3687.