

**WNBA VOTE FOR RESPECT ENTRY
PARENTAL CONSENT**

Parent or legal guardian, please complete the entry form below on behalf of your child. By completing, signing, and submitting the below form I hereby grant permission for my child to enter the WNBA Vote For Respect drawing and agree to abide by the Official Rules of the Promotion.

**Mail your completed form in a stamped envelope to be received by 8/30/07 to:
WNBA VOTE FOR RESPECT
P.O. Box 15247
Bridgeport, CT 06673-5247**

(Please Print Clearly)

Parent or Legal Guardian's First Name: _____

Parent or Legal Guardian's Last Name: _____

Parent or Legal Guardian's Date of Birth: _____ Child's Date of Birth: _____

Parent or Legal Guardian's Email Address: _____

Child's First Name: _____

Child's Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Favorite WNBA Team (Optional): _____

Child's Gender (Optional): _____

Parent or Legal Guardian's Signature: _____ Date: _____

___ Sign me (parent) up to receive special offers, event invitations, promotions and discounts from the WNBA