



OFFICIAL PRIZE CLAIM FORM *(Please Print Clearly)*

Name: _____

Address: _____ Apt: _____

City: _____ State: _____

Zip Code: _____ Tel. # _____ Age: _____

By signing below, I declare that I have read and understand the contest rules (the "Rules") and that I have complied with and agree to be bound by the Rules. I agree that the information above is true and correct. I agree that the information collected in connection with this contest may be used to execute this contest. I agree to accept the prize as awarded to me. By entering this contest, I consent to the use of my name, address and likeness (or in the case of a parent/legal guardian, I also consent to the use of the name, address and likeness of the participant listed above) in all matters related to this contest including any advertising or publicity without further compensation.

**PLEASE ENCLOSE YOUR GAME PIECE AND MAIL TO:
Prize Claims, PO BOX 2412, MOROKE, 1154**

Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____
(Required if participant is under the age of majority)

Print Name of Parent/Legal Guardian: _____

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