



(1) Please complete if Entrant is **18 years of age or older**

First Name _____
Last Name _____
Date of Birth _____
Email address _____

(2) Please complete if Entrant is **under 18 years of age**

First Name _____
Last Name _____
Date of Birth _____
Parent's Email address _____

Parent Signature (if Entrant is under 13 years of age)

Insert this form inside a hand-addressed, stamped business size (#10) envelope, and mail to:

Show Your Ears Sweepstakes
c/o Ventura Associates International
60 East 42nd Street
Dept. VP, Suite 650
NYC, NY 10165