Canadian Families and Corrections Network Making Connections – Contest Submission Form



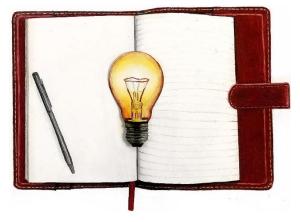
Parent/0	Guardian's	First and	Last Name	(if under	16 years	old):
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Teen's First and Last Name:

Teen's Age:

How can we contact you if you win?

(Please give us a phone number, email address, or mailing address. This information is confidential and will only be used for contest notification.)



What Question are you answering with your submission?