LIONS INTERNATIONAL

PEACE POSTER

2026-2027

Harmony in Humanity

1. Student Information (to be completed by club)

Winner's Name _____
(First) (Last)

Age _____ Birth Date _____
Day/Month/Year

School _____ Grade ____

Youth Group Name _____

Email _____

Number of Contest Participants _____

Student's Street Address _____

City, State, Country _____

Postal or Zip Code _____

In consideration for the opportunity to enter the contest, I agree to allow Lions International to use my child's name (listed above), photographs and artwork for promotional and publicity purposes. In addition, I understand that if selected the international grand prize winner, my child and two family members (one being a parent or legal guardian) will receive a trip to an award ceremony. All posters become the property of Lions International upon receipt and cannot be returned.

Parent or Legal Guardian's Signature

_____

Print or Type Name _____

Parent Email _____

Parent Cell Phone* _____

Reproductions of this Winner Sticker are not permitted.

PPC-4 EN 9/25

LIONS INTERNATIONAL PEACE POSTER CONTEST

WINNER STICKER

Attach this sticker to lower right-hand corner on back of winning entry.
Please type or print clearly. All signatures are required.
*For phone include area code in the U.S.; include country and city codes outside the U.S.

2. Lions Club Information (to be completed by club)

Club Name _____

Club Number _____ District Number _____

President _____

Phone* _____ Work Phone* _____

Email _____

Street Address (No P.O. Boxes) _____

City, State, Country _____ Postal or Zip Code _____

DIGITAL KIT DOWNLOAD ONLY - License Key (13 alpha-numeric characters)

_____

Club President's Signature _____

3. District Information (to be completed by district)

District Governor _____

Phone* _____ Work Phone* _____

Email _____

Street Address (No P.O. Boxes) _____

City, State, Country _____ Postal or Zip Code _____

District Governor's Signature _____

4. Multiple District Information (to be completed by multiple district)

Multiple District Council Chairperson _____

Phone* _____ Work Phone* _____

Email _____

Street Address (No P.O. Boxes) _____

City, State, Country _____ Postal or Zip Code _____

M.D. Council Chairperson's Signature _____