# Draw your favorite teacher

## TELL US ABOUT YOUR TEACHER

TEACHER'S NAME: _____

SCHOOL NAME: _____

# MY “PREMIER” TEACHER DRAWING CONTEST

# ENTRY FORM

CHILD NAME: _____ AGE: _____

DATE: _____ PHONE #: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

PARENT/GUARDIAN PERMISSION

I GIVE PREMIER COMMUNITY BANK PERMISSION TO DISPLAY MY CHILD'S ARTWORK IN BRANCH LOCATIONS AND SHARE THE ARTWORK OR WINNER ANNOUNCEMENT IN MARKETING MATERIALS AND SOCIAL MEDIA. □ YES □ NO

PARENT/GUARDIAN SIGNATURE:

_____

## CONTEST DATES: AUGUST 21 – SEPTEMBER 11, 2026

## ONE ENTRY PER CHILD. WINNER SELECTED BY RANDOM DRAWING (1) PER BRANCH.

WINNER WILL BE NOTIFIED BY A PREMIER COMMUNITY BANK REPRESENTATIVE AND THE GIFT CARD MAY BE PICKED UP AT YOUR LOCAL PREMIER COMMUNITY BANK LOCATION.

NO PURCHASE, ACCOUNT RELATIONSHIP, OR BANKING TRANSACTION IS NECESSARY TO ENTER OR WIN. OPEN TO RESIDENTS OF WISCONSIN WHO MEET THE AGE REQUIREMENTS.

EMPLOYEES OF PREMIER COMMUNITY BANK, THEIR AFFILIATES, AND THEIR IMMEDIATE FAMILY MEMBERS ARE NOT ELIGIBLE TO PARTICIPATE. EMPLOYEE CHILDREN 12 AND UNDER ARE ELIGIBLE TO PARTICIPATE.