

littlemissmatched®
project sock™
DESIGN CONTEST
SEASON 5

All entries must be received by October 31, 2016 11:59pm EST.

Contestant Information (all information is required)

_____	_____	____/____/____
First Name	Last Name	Date of Birth (MM/DD/YY)
_____		_____
Street Address		Apt No.
_____	_____	_____
City/Town	State	Zip Code
(____)_____	_____	
Phone	Email (please provide parent's email if contestant is <u>under age 13</u>)	

Check here to receive emails with the latest product updates, special deals, & fun stuff from LittleMissMatched!

PLEASE READ AND SIGN BELOW

I have read and agreed to Official Rules of the contest as published at www.LittleMissMatched.com/ProjectSockOfficialRules. I also attest that the design I am submitting is original and has not been published.

Contestant Signature: _____ Date: _____

If under 18 or under the age of majority in your state or jurisdiction,

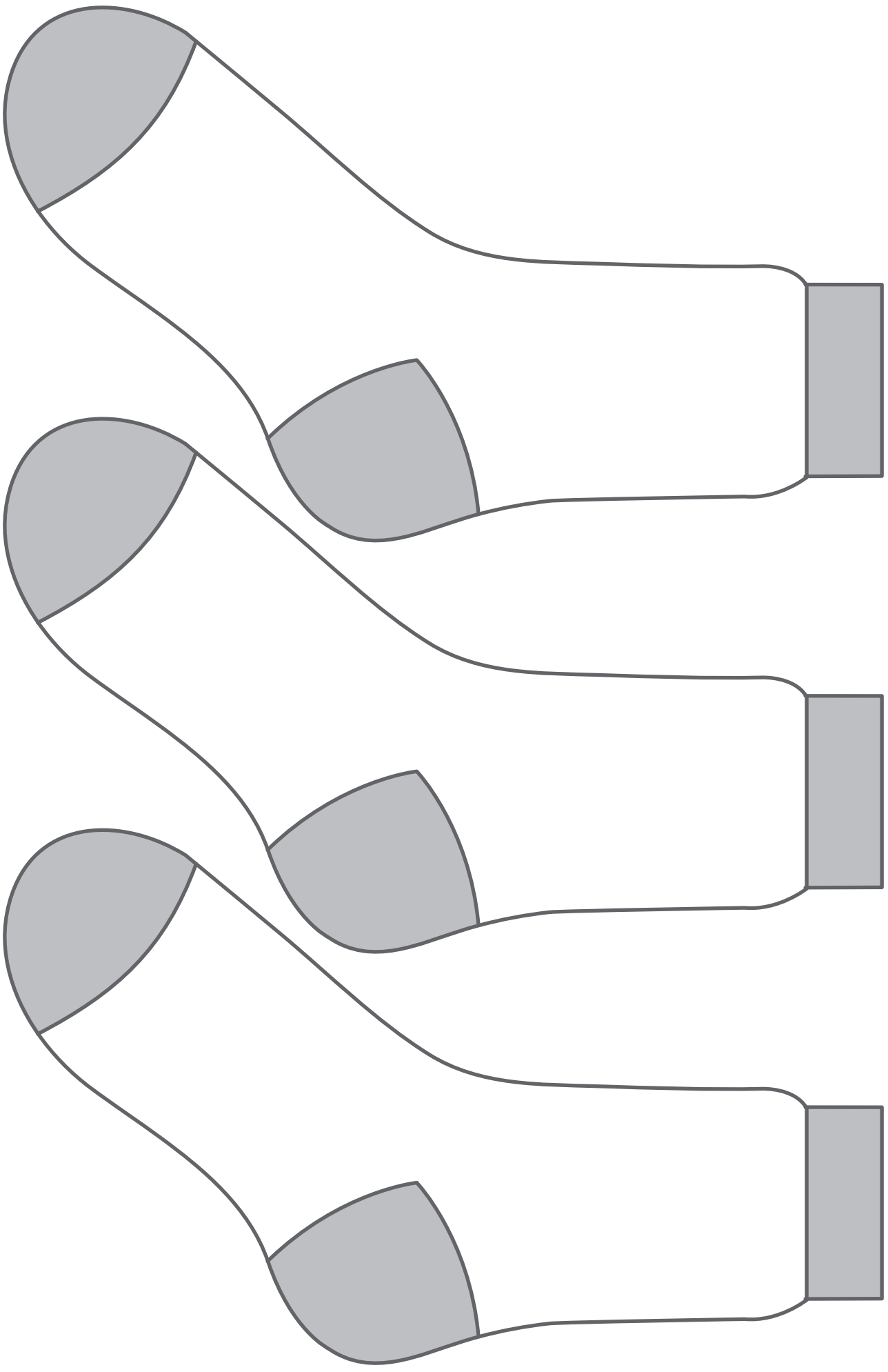
Parent/Guardian Signature: _____ Date: _____

To submit your entry, scan and email the front & back of this form to LMMProjectSock@LittleMissMatched.com or submit via Instagram making sure to follow the below steps:

1. upload the back of this form (your socks design only) to your instagram account and tag @LittleMissMatched
2. use the hashtag #LMMProjectSock
3. make sure your account is set to public

This Contest is in no way sponsored, endorsed or administered by, or associated with Instagram. You understand that you are providing your information to Sponsor and not Instagram. If you have any questions about this Contest, please contact Sponsor.

littlemissmatched® PROJECT SOCK™ TEMPLATE



make sure you don't design in the gray area
and make sure your socks DON'T match!

(please print your full name here)