CIAS Cyber Threat Defender Card Design Contest 2026 Registration Form

This form is required and must be attached to the back of the design in order to qualify.

First & Last Name* _____ Age* _____

Home Address* _____

Phone Number* _____

Email Address* _____

School Name (if applicable) _____

Teacher's Name (if applicable) _____

Teacher's Email (if applicable) _____

*initial ☐ I certify that this submission is original work. I understand that once received, entries become (and remain) the property of the CIAS/UT San Antonio, and may be modified and used for a variety of purposes. Artwork forwarded for final judging become (and remain) the property of the CIAS/UT San Antonio.

Entrant's Signature* _____

Date* _____

**This is a required field and must be filled out.*

PARENT/GUARDIAN PERMISSION

I certify that I am the parent/guardian of the entrant named on this form and he/she is allowed to participate in the CIAS Cyber Threat Defender Card Design Contest 2026, and this is his/her original and unassisted work. I understand that once received, entries become (and remain) the property of the CIAS/UT San Antonio, and may be modified and used for a variety of purposes. Artwork forwarded for final judging become (and remain) the property of the CIAS/UT San Antonio.

Parent/Guardian Name _____

Parent/Guardian Email _____

Parent/Guardian Phone _____

Parent/Guardian Signature _____

Date _____