

# 2026 Anti-Alcohol Coffee Cup Sleeve Contest Entry Form

sponsored by



**HISTORIC TRIANGLE**  
DRUG PREVENTION COALITION

Youth's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

If selected as a winner, I agree to permit the Historic Triangle Drug Prevention Coalition to print and use my entry for outreach purposes in the Greater Williamsburg area.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Send entry to:** Colonial Behavioral Health, Attn: 2026 Anti-Alcohol Coffee Sleeve Contest  
921 Capitol Landing Road, Williamsburg VA, 23185  
or email a picture of your entry to [Prevention@colonialbh.org](mailto:Prevention@colonialbh.org)