



Drug Awareness Program Video Contest Entry and Parental release form

TITLE OF ENTRY _____

RUNNING TIME: _____

Submission Format: _____

ENTRANT INFORMATION:

GRADE: _____

Contact name: _____

Address: _____

City/State: _____

Telephone: _____

Cell Phone: _____

School: _____

Your E-Mail address (very important):

PARENT(S) NAME(s): (please print)

******Name of Individual/group to appear on certificate and credits******

YOU MUST FILL THIS IN!



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Please provide a brief one-paragraph synopsis (50-200 words) of the entry.

- Entry must be age and language appropriate
- Entry should be original
- Entry should contain an anti-abuse message
- Entry should be based on the theme
- Hold Harmless agreement must also be completed

YOUR REQUIRED PARENT'S SIGNATURE DENOTES ACCEPTANCE OF CONTEST RULES AND APPROVAL OF ENTRANT'S PARTICIPATION:

Parent's signature _____

ANY MINORS IN VIDEO MUST HAVE PERMISSION FROM PARENTS:

NAME OF STUDENT _____

PARENT'S SIGNATURE _____

NAME OF STUDENT _____

PARENT'S SIGNATURE _____

NAME OF STUDENT _____

PARENT'S SIGNATURE _____

- IF ADDITIONAL MINORS ARE FEATURED IN THE VIDEO, PLEASE MAKE COPIES OF THIS PAGE AND ATTACH WITH ENTRY FROM.