



STUDENT VIDEO CONTEST

Presented by



2019 ENTRY FORM

All video / DVD submissions must be delivered or received in the mail with this completed form NO LATER THAN 4:00PM on Friday, April 5, 2019.

FOR IWIN USE

Video and entry form received on this date:

Accepted by (staff):

Student Gender (circle one): Male Female

Student First Name: _____ Student Last Name: _____

Email Address: _____ Cell Phone: _____

Parent / Guardian Name: _____

Parent / Guardian Address: _____

City, State, Zip: _____

Parent / Guardian Email: _____ Parent/ Guardian Phone: _____

Student Grade Level: _____ Name of School: _____

School District: _____

Name of Sponsoring Teacher or Counselor: _____

I attest that video submission is original work solely created by the student signing this form and we authorize permission to display/post video and images.

Signature of Student: _____

Signature of Parent: _____

THANK YOU AND GOOD LUCK!

To view or print contest documents online, please [CLICK HERE](#) or visit:

<http://www.sbcms.org/community-programs/inland-wellness-information-network.aspx>