



*Presented by the League of Women Voters of Polk County*

## 2017 ENTRY FORM

*Each student involved in a video submission or involved in creating a video submission must complete an entry form.*

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of date of submission: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Parent/Guardian Name (if participant is under 18yrs): \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student Mobile Telephone: \_\_\_\_\_ Parent/Guardian Mobile Telephone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

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

School Telephone: \_\_\_\_\_ Name of Teacher who helped with the video: \_\_\_\_\_

Teacher's Telephone: \_\_\_\_\_ Teacher's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you find out about this video contest? \_\_\_\_\_

Briefly describe the video submission and how it fulfills the purpose of this contest:

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To enter the video contest, students must provide their contact information by completing, signing, and emailing this entry form to **contestVOTE@lwvpolk.org**.

***By signing below, participant student and parent/guardian (if student is under 18), agree to all of the contest terms, rules, and conditions.***

Dated: \_\_\_\_\_ By: \_\_\_\_\_ Student Signature

Dated: \_\_\_\_\_ By: \_\_\_\_\_ Parent/Guardian Signature