

contest VOTE 2016

Presented by the League of Women Voters of Polk County

2016 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: _____ aaaaaaaaaaaaaa

Teacher's telephone: _____ Teachers' 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: _____

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