



# No School Spirits® 2018/2019 – PSA Contest Entry Form



**ALL PARTICIPANTS MUST COMPLETE ENTRY FORM**

**Please print legibly**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: MM / DD / YYYY School: \_\_\_\_\_

**Class Standing:**    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    Freshmen    Sophomore    Junior    Senior

I have read and understood the full WVABCA's PSA contest "official rules" and agree to abide by those rules.

**Student Signature:** \_\_\_\_\_

*If under 18, Parent or Legal Guardian Signature Required Below.*

I have read and understood the full WVABCA's PSA contest "official rules" and agree to abide by those rules.

I agree that my child may participate in the WVABCA's "No School Spirits" PSA contest and my child has permission to enter this video contest. If needed, I or my child has obtained the necessary releases and permissions to enter this contest.

I further understand that all submissions become the property of the WVABCA and the WVABCA has full permission and authority to use, publish, and display my child's submission which may include his or her image and/or voice and also any writings, stories, or concepts in the submission.

I further will hold the WVABCA harmless for any acts or use of my child's submission.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

\*All participants are required to submit an entry form. All submissions require a project name for identification purposes. If submitting as a group or class, there must be one participant designated as the group leader and a faculty group leader. Please list your project name and group leader on all participants' paperwork. If submitting via YouTube, please include the video URL in the space allotted below. *Incomplete entry forms could lead to point deduction and or disqualification.*

**Submission Format:**    Fax    YouTube    DVD

**Submitting Project as:**    Individual    Group    Class

Project Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Faculty Group Leader: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Video URL: YouTube.com/\_\_\_\_\_

YouTube Video Title: \_\_\_\_\_

West Virginia Alcohol Beverage Control Administration

900 Pennsylvania Ave., 4th Floor

Charleston, WV 25302

www.abca.wv.gov

*\*See Official Rules for details*

# Submission Checklist

**All information must be legible to judges**

## 1.) General Information:

- Name
- Address/City/State/Zip
- Phone & Email
- Date of Birth
- School
- Class Standing

## 2.) Signature:

- Student Signature
- Parent/Legal Guardian Signature (if under 18)

## 3.) Submission Format:

- YouTube
- Video URL
- Video Title
- DVD
- Mail to WVABCA
- Video Viewable

## 4.) Submitting As:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Group                | <input type="checkbox"/> Class                |
| <input type="checkbox"/> Project Name | <input type="checkbox"/> Project Name         | <input type="checkbox"/> Project Name         |
|                                       | <input type="checkbox"/> Group Leader         | <input type="checkbox"/> Group Leader         |
|                                       | <input type="checkbox"/> Email/Phone          | <input type="checkbox"/> Email/Phone          |
|                                       | <input type="checkbox"/> Faculty Group Leader | <input type="checkbox"/> Faculty Group Leader |

## 4.) Submitting Via:

- Mail
- Fax
- E-mail

West Virginia Alcohol Beverage Control Administration  
ATTN: Gig Robinson  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302 Fax: 304-558-0081

NoSchoolSpirits@gmail.com  
Subject: No School Spirits Contest Submission