



NO School Spirits® 2020/2021 – PSA Contest Entry Form



ALL PARTICIPANTS MUST COMPLETE ENTRY FORM

Please print legibly (both sides)

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

DOB: MM / DD / YYYY School: _____

Class Standing: 6th 7th 8th Freshmen Sophomore Junior Senior

I have read and understood the full WVABCA's "NO School Spirits" 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 understand the full WVABCA's "NO School Spirits" 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. Participants must adhere to all COVID-19 regulations and take proper safety measures.

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 Email

Submitting Project as: Individual Group Class

Project Name: _____

Student Group Leader: _____ Email or Phone: _____

Faculty Group Leader: _____ Email or Phone: _____

Video URL: YouTube.com/ _____

YouTube Video Title: _____



NO School Spirits® 2020/2021 – PSA Contest Entry Form



PHOTO/VIDEO WAIVER

I give the West Virginia Alcohol Beverage Control Administration permission to use photos. I understand the photos may be used in both printed and electronic materials. I understand these materials may be posted on the WVABCA's website, during presentations & distributed to TV and radio stations across WV.

Signature of Participant: _____ Date: _____

IF THE PARTICIPANT IS UNDER 18:

I am the parent/legal guardian of the participant. I have read this release and agree to its terms.

Parent/Legal Guardian's Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to Participant _____ Phone: _____

Submission Checklist

All information must be legible to judges

See Official Rules for Details

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 DVD (mail to WVABCA) Video URL

**** Submissions must have a title and must be viewable. IF password protected, please provide the password.**

4.) Submitting As(Video): Individual Group Class

Project Name Project Name Project Name

Group Leader Group Leader Email/Phone

Email/Phone Faculty Group Leader

Faculty Group Leader

5.) Submitting Via(Entry Form): Mail Fax E-mail

West Virginia Alcohol Beverage Control Administration

ATTN: Gig Robinson

Submission

900 Pennsylvania Avenue, 4th Floor

Charleston, WV 25302 Fax: 304-558-0081

NoSchoolSpirits@gmail.com

Subject: No School Spirits Contest