

NO School Spirits_© 2022/2023 – PSA Contest Entry Form



ALL PARTICIPANTS MUST COMPLETE ENTRY FORM

<u>Please print legibly (both sides)</u>

First Name:	MI: Last Name	::		
Address:				
City:	State:	Zip Code:		
Phone:	E-mail:			
DOB:MMDDYYYY_ Schoo	l:			
Class Standing: 6 th 7 th 8 th 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.

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. Please email the YouTube URL to Noschoolspirits@gmail.com if submitting via YouTube.*

Video Submission Format: 🔲 YouTube		DVD USB Drive	
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:			

West Virginia Alcohol Beverage Control Administration 900 Pennsylvania Ave., 4th Floor Charleston, WV 25302 www.abca.wv.gov



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Student Name:	(print legibly)
Adult Name (for adult participants only):	(print legibly)

PHOTO/VIDEO WAIVER-STUDENT

I give the WVABCA permission to use my 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 UN I am the parent/legal guardian of	NDER 18: The participant. I have read this releas	e and agree to its terms.
Parent/Legal Guardian's Signatu	re:	Date:
EMERGENCY CONTACT INF	ORMATION	
Contact Name:	Relationship to Participant	Phone:
	PHOTO/VIDEO WAIVER-ADU	<u>JLT</u>
and electronic materials. I under	n to use my photos. I understand the p rstand these materials may be posted o as & distributed to TV and radio statio	n the WVABCA's website, during
Signature of Participant:		Date:
	Submission Tips	
• All information must be l	legible to be judged	

- All participants must submit a completed entry form
- Video must be posted to YouTube or provide a physical copy (USB drive or DVD) for judging
- No logos other than your school logos (eg. shirts, posters, advertising, etc)
- Video will air as a 30 second PSA Longer videos, if chosen as 1st place winner, will have to be edited to 30 seconds
- Use microphones instead of just phone mics
- Incorporate adequate lighting
- Limit statistical information in the video
- When submitting entry forms, submit all in one email or packet when forms are completed
- Group/Student Leader, please make sure adults sign adult photo/video waiver above

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