

NO School Spirits® 2023/2024 - PSA Contest Entry Form



ALL PARTICIPANTS MUST COMPLETE ENTRY FORM

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

First Name:	MI:	Last Nar	ne:	
Address:				
City:		State:	Zip Code	:
Phone:	E-mail:			
DOB:MM _/_ DD _/_ YY	YY _ School:			
Class Standing: 6 th	7 th 8 th Fresh	ımen Soph	omore	Junior Senior
I have read and understood the ful	l WVABCA's "NO School Spirit	s" PSA contest "offic	ial rules" and agre	e to abide by those rules.
Student Signature: If under 18, Parent or Legal G		 ired Below.		
I have read and understand the full V	NVABCA's "NO School Spirits"	PSA contest "officia	l rules" and agree	to abide by those rules.
I agree that my child may participal contest. If needed, I or my child has o		-	-	-
I further understand that all submi- use, publish, and display my child' concepts in the submission.				•
I further will hold the WVABCA harm Parent/Legal Guardian S				
*All participants are required to so If submitting as a group or class, to Please list your project name and the video URL in the space allotte Please email the YouTube URL to No	here must be one participant group leader on all participa d below. <i>Incomplete entry fo</i>	designated as the g ants' paperwork. If orms could lead to p	group leader and a submitting via You point deduction an	a faculty group leader. uTube, please include
Video Submission Form	at: YouTube	□ DVD	USB Dri	ve
Submitting Project as:	Individual	Gro	oup	Class
Project Name:				
Student Group Leader:		_ Email or Phor	1e:	
Faculty GroupLeader:	y GroupLeader:Email or Phone:			
Video URL: YouTube.com:				
YouTube Video Title:				



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PHOTO/VIDEO WAIVER - STUDENT

I give the WVABCA 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:	
Print Name Legibly:		
IF THE PARTICIPANT IS UNDER 18: I am the parent/legal guardian of the participant. I have read this release an	nd agree to its terms.	
Parent/Legal Guardian's Signature:	Date:	
Print Name Legibly:		
EMERGENCY CONTACT INFORMATION		
Contact Name:Relationship to Participant:	Phone:	
PHOTO/VIDEO WAIVER - ADULT		
I give the WVABCA permission to use photos. I understand the photos maprinted and electronic materials. I understand these materials may be posted website, during presentations & distributed to TV and radio stations across	ed on the WVABCA's	
Signature of Adult Participant:	Date:	

SUBMISSION TIPS

- All information must be 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 photo video waiver above