



2009 “Your Voice” Video Contest Official Entry Form

NOTE: Please Print Clearly. This form must accompany the School Board of Broward County Media Release Forms (for each participant) and the video submission.

School Name _____ Address _____

City _____ FL, Zip _____ Phone Number (____) _____

List Group Members Full Name and Grade (use the back of this form if necessary).

| Last Name, First Name | Grade | Last Name, First Name | Grade |
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Club or Organization Name _____

Sponsor _____ Number (____) _____ E-Mail _____

Signature of Sponsor or School Administrator _____

Title of video “_____” Length: (circle one) 30 sec. or 60 sec.

Brief description of your video and why it is significant: _____

Submission Pony Address: **ATTN: Teri Williams, KCW- 7th Fl.** Deadline: **June 5, 2009**
Office of Prevention Programs

GOOD LUCK!