RUSSIAN RIVER WATERSHED ASSOCIATION
VIDEO CONTEST ENTRY, USE & RELEASE FORM

Please note: Each student participating will need to fill out a form, not just one per video entry.

NAME: _____

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL TELEPHONE NUMBER: (____) _____-_____ FAX: (____) _____-_____

VIDEO TITLE : _____

BRIEF SUMMARY OF VIDEO:

_____

_____

_____

LENGTH OF VIDEO: _____MINUTES _____SECONDS

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_____
STUDENT SIGNATURE DATE

_____
PARENT / GUARDIAN SIGNATURE DATE

_____
STUDENT'S INSTRUCTOR OR PRINCIPAL DATE

Should your video not be selected for an award and you would like it returned, please check this box ☐