DV Youth Media Contest 2019 Entry Form

Individual or Group Submission	☐ **Individual** ☐ **Group**
Individual Submission	
Youth's Name: *consent form is required for youth under the age of 18	
Youth's DOB:	
Youth's Address:	
Youth's Email Address:	
Youth's Contact #	
Group Submission	
Group's Name: *consent form is required for all youth under the age of 18	
Youth's Names: Name: DOB: Name: DOB: Name: DOB: Name: DOB: Name: DOB:	Name: DOB: Name: DOB: Name: DOB: Name: DOB: Name: DOB:
Organization Name: (if applicable)	
Address:	
Group Email Address:	
Group Contact #	

Submission Type	☐ Video ☐ Story Telling ☐ Visual Art
Submission Name:	

I _____ have read the Contest Rules and I agree to the terms and conditions of the DV Youth Media Contest 2019. I undertake to not hold Willow Place or contest sponsors liable for any damage or loss suffered as a result of or arising from participating in the contest or the use of any prize.

_____ _____

Name Date

(If group submission, include all the youth's names and date signed)