

ENTRY FORM

Complete a Contest Entry Form for each media ad entry.

Please type or print legibly.

MEDIA AD TITLE:	
CONTACT INFORMATION	
Name of School/Organization:	
Contact Name (Teacher):	
Telephone (Teacher):	
E-mail Address (Teacher):	
Team Members (PLEASE PRINT CLEARLY)	
1. Participant's Name:	
2. Participant's Name:	
3. Participant's Name:	
4. Participant's Name:	

Remember: Teams should sign up as early as possible. Final entries must arrive at the Day One office by 5:00 p.m. on **Friday**, **March 20**, **2015**. The script worksheet, a typed copy of the full script, and the names of the participants are mandatory. Videos must be submitted in Windows Media Player (wmv) format.

Send to: gbenson@dayoneri.org with subject YOUR VOICE, YOUR VIEW Media Contest, OR mail to YOUR VOICE, YOUR VIEW Media Contest, Attn: Gloria Benson, Day One, 100 Medway, Providence, RI 02906. **For more information visit www.dayoneri.org.**

If selected as a finalist, an additional form for entries with student and parental signatures will be required.