



NO School Spirits 2016/2017 – PSA Contest Entry Form



ALL PARTICIPANTS MUST COMPLETE ENTRY FORM

Please print legibly

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

DOB: MM / DD / YYYY School: _____

Class Standing: Freshmen Sophomore Junior Senior

I have read and understood the full WVABCA's PSA contest "official rules" and agree to abide by those rules.

Student Signature: _____

If under 18, Parent or Legal Guardian Signature Required Below.

I have read and understood the full WVABCA's PSA contest "official rules" and agree to abide by those rules.

I agree that my child may participate in the WVABCA's "NO School Spirits" PSA contest and my child has permission to enter this essay or video contest. If needed, I or my child has obtained the necessary releases and permissions to enter this contest.

I further understand that all submissions become the property of the WVABCA and the WVABCA has full permission and authority to use, publish, and display my child's submission which may include his or her image and/or voice and also any writings, stories, or concepts in the submission.

I further will hold the WVABCA harmless for any acts or use of my child's submission.

Parent/Legal Guardian Signature: _____

**All participants are required to submit an entry form. All submissions require a project name for identification purposes. If submitting as a group or class, there must be one participant designated as the group leader. Please list your project name and group leader on all participants' paperwork. If submitting via YouTube, please include the video URL in the space allotted below.*

Submission Format: Essay Fax YouTube DVD

Submitting Project as: Individual Group Class

Project Name: _____

Group Leader: _____ Email or Phone: _____

Video URL: YouTube.com/_____

YouTube Video Title: _____

Submission Checklist

All information must be legible to judges

1.) General Information:

- Name
- Address/City/State/Zip
- Phone & Email
- Date of Birth
- School
- Class Standing

2.) Signature:

- Student Signature
- Parent/Legal Guardian Signature (if under 18)

3.) Submission Format:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Essay | <input type="checkbox"/> YouTube | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Times New Roman | <input type="checkbox"/> Video URL | <input type="checkbox"/> Mail to WVABCA |
| <input type="checkbox"/> 12pt Font | <input type="checkbox"/> Video Title | <input type="checkbox"/> Video Viewable |

4.) Submitting As:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Class |
| <input type="checkbox"/> Project Name | <input type="checkbox"/> Project Name | <input type="checkbox"/> Project Name |
| | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Group Leader |
| | <input type="checkbox"/> Email/Phone | <input type="checkbox"/> Email/Phone |

4.) Submitting Via:

- Mail Fax E-mail

West Virginia Alcohol Beverage Control Administration
ATTN: Gig Robinson
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302 Fax: 304-558-0081

NoSchoolSpirits@gmail.com
Subject: No School Spirits Contest Submission