

Creator/Contributor's Name:	
Role(s): (Please check all that apply) Creator (Prize recipient)	Co-Creator (Prize recipient)
Actor/Actress Voiceover Other:	
High School:	
High School Street Address:	
City:	State: CA Zip:
Email (optional):	
Video Title :	
Brief summary of video:	
Source of music:	
Source of royalty-free images:	

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Name (print)	Signature	Date
Parent / Guardian Name (print)	Parent / Guardian (signature)	Date