2024 Illinois High School Radon Video Contest
Entry Form

Submission Information (Please Write Clearly or Type):
Title of Video______________________________________________________________
YouTube Username used for Video Submitted: _________________________________
Link to YouTube Video (make sure it works): _________________________________
How many people will participate in your video: _____

Teacher/High School Information:
High School Name: __________________________________________________________________________
High School Address: __________________________________________________________________________
City: ____________________________ Zip: _________________
Phone: __________________________
School Contact/Teacher Name: ________________________________________________________________
Contact Email Address: ________________________________________________________________
Contact Phone: __________________________

List of ALL Participants (including non-students):
Participant 1 Information: Student ☐ Non-Student ☐
Full Name: ____________________________ Birthday: _________ Age: _____
Address: ________________________________
City: ____________________________ Zip: _________________
Phone: __________________________ Email: ________________________________

Participant 2 Information: Student ☐ Non-Student ☐
Full Name: ____________________________ Birthday: _________ Age: _____
Address: ________________________________
City: ____________________________ Zip: _________________
Phone: __________________________ Email: ________________________________

Participant 3 Information: Student ☐ Non-Student ☐
Full Name: ____________________________ Birthday: _________ Age: _____
Address: ________________________________
City: ____________________________ Zip: _________________
Phone: __________________________ Email: ________________________________
Participant 4 Information: Student ☐ Non-Student ☐
Full Name: ___________________________________________ Birthday: ___________ Age: ____
Address: ___________________________________________________________________________
City: ___________________________ Zip: _______________
Phone: ___________________________ Email: ____________________________________________

Participant 5 Information: Student ☐ Non-Student ☐
Full Name: _______________________________ Birthday: ___________ Age: ____
Address: ___________________________________________________________________________
City: ___________________________ Zip: _______________
Phone: ___________________________ Email: ____________________________________________

Participant 6 Information: Student ☐ Non-Student ☐
Full Name: _______________________________ Birthday: ___________ Age: ____
Address: ___________________________________________________________________________
City: ___________________________ Zip: _______________
Phone: ___________________________ Email: ____________________________________________

Note: All participants listed must submit a release form. If additional lines are needed, please use the back of this form.

Please Email form to: VideoContest@lung.org, OR
Mail form to:
American Lung Association
Attn: IL Radon Video Contest
3000 Kelly Lane
Springfield, IL 62711