



2019 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/School Information:

School Name: _____

School Address: _____

City: _____ Zip: _____

Phone: _____

School Contact 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
2501 Chatham Rd. Ste. 200
Springfield, IL 62704

