

Respectful Relationships Coalition Video Contest Registration Form

Please print or type clearly (*incomplete or illegible entries will be disqualified*)

Title of Production: _____

Contact Information

Main Contact Name: _____

Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Mentor Information

Adult Mentor Name: _____

Phone Number: _____

Email Address: _____

Is this a group or individual entry? Group _____ (*please use Group Form also*) Individual _____

Was this project done through a school/organization? Yes _____ No _____

If yes, school/organization name: _____

I have read and understand the Terms and Conditions for this contest. I agree to allow Erie Respectful Relationships Coalition to use my video in presentations, on websites, on TV or in any other manner as the members see fit.

Signature of Main Contact

Date

Signature of Mentor/Sponsor

Date