



2017 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: _____

List of ALL participants (including non-students):

- 1). _____
- 2). _____
- 3). _____
- 4). _____
- 5). _____

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

Teacher/School Information:

School Name: _____

School Address: _____

City: _____ Zip: _____

Phone: _____

School Contact Name: _____

Contact Email Address: _____

Contact Phone: _____

Local Media Information:

Local Newspaper: _____

City: _____

Local TV station: _____

City: _____



Student Contact Information (Please Write Clearly or Type):

Fill out for each student involved in the video (please print an extra copy if space is needed)

Student 1 Information:

Full Name: _____ Birthday: _____ Age: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Student 2 Information:

Full Name: _____ Birthday: _____ Age: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Student 3 Information:

Full Name: _____ Birthday: _____ Age: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Student 4 Information:

Full Name: _____ Birthday: _____ Age: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Student 5 Information:

Full Name: _____ Birthday: _____ Age: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Please Email form to:

Stephanie.Huber@lung.org OR

Mail form to:

Attn: Stephanie Huber
American Lung Association in Illinois
3000 Kelly Lane
Springfield, IL 62711

