



Submission Information (Please Write Clearly or Type):

Title of Video _____

How many people will participate in your videos creation _____

Teacher/Middle School Information:

Middle School Name: _____

Middle School Address: _____

City: _____ **Zip:** _____

Phone: _____

School Contact/Teacher Name: _____

Contact Email Address: _____

Contact Phone: _____

List of ALL Participants

Participant 1 Information: Student

Full Name: _____ **Birthday:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Participant 2 Information: Student

Full Name: _____ **Birthday:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____



Participant 3 Information:

Full Name: _____ **Birthday:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Participant 4 Information: Student

Full Name: _____ **Birthday:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Participant 5 Information: Student

Full Name: _____ **Birthday:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Participant 6 Information: 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.

Entry forms along with release forms should be emailed to GriffithsCadence@co.kane.il.us or mailed to the Kane County Health Department at 1240 N Highland Ave, Aurora, IL 60506 C/O Income & Education