

# act-out for health

**COMMERCIAL PSA CONTEST ENTRY FORM** | [www.ActOut4Health.org](http://www.ActOut4Health.org)

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## **Enter**

One entry form per team must be completed and signed by each student. Parent/Guardian must sign the Parent Waiver Form. Teams without the Entry Form and Parent/Guardian Waiver Form will be disqualified. Mail your entry form, waivers, and two copies labeled DVDs in an envelope to:

## **Florida KidCare Act-Out for Health Contest**

c/o Niki Pocock  
661 E. Jefferson Street, 2nd Floor  
Tallahassee, FL 32301

**Entries must be postmarked no later than Wednesday, December 1, 2010.**

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**Entry Title:** \_\_\_\_\_

**School:** \_\_\_\_\_

## **Region (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Panama City/Pensacola/Tallahassee | <input type="checkbox"/> Miami/Ft. Lauderdale/West Palm Beach |
| <input type="checkbox"/> Jacksonville/Gainesville/Ocala    | <input type="checkbox"/> Naples/Ft. Myers                     |
| <input type="checkbox"/> Orlando/Daytona Beach/Melbourne   |   |
| <input type="checkbox"/> Tampa/St. Petersburg/Sarasota     |   |

**Teacher Name:** \_\_\_\_\_

**Teacher Telephone:** \_\_\_\_\_

**Teacher E-mail:** \_\_\_\_\_

**TEAM MEMBER #1:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

**TEAM MEMBER #2:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

**TEAM MEMBER #3:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

I certify that the above information has been filled out accurately and to the best of my knowledge. I understand that by submitting this entry into the Florida KidCare Act-Out for Health Contest, I am giving the Florida Healthy Kids Corporation the right to release my video. I understand that once submitted, my video immediately becomes the sole property of the Florida Healthy Kids Corporation. I also understand that the submitted entry packet will not be returned. I certify that my team and I completed the major tasks of writing, recording and producing the commercial submitted for competition.

**Team Member #1 Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Team Member #2 Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Team Member #3 Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_