

Rise Above Using Drugs and Alcohol Video PSA Competition

First and Last Name: _____

Age: _____

School: _____

Media Teacher: _____

Attached Release Form: circle one YES NO

Title of PSA: _____

I certify that I have read the contest rules and have submitted a signed release form.

Date: _____ Signature: _____

Call 324-7557 for more information.

Sponsored by Join Together Northern Nevada and
Washoe County School District - Part of the WCSD Film Festival to be
held 5/17/2014.