



## CONTEST ENTRY FORM

This entry form must be completed **by each student in each group** and must be signed by each student's parent or guardian, or the team will be disqualified. Mail all entry forms, waivers, two copies of your script and two DVDs to:

Florida KidCare Commercial Contest  
c/o Annie Jones  
661 E. Jefferson Street, 2<sup>nd</sup> Floor  
Tallahassee, FL 32301

**Entries must be postmarked no later than Wednesday, December 2, 2009.**

Entry title: \_\_\_\_\_

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

Contest message focus:     Affordability     Accessibility     Application

Sponsor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sponsor email address: \_\_\_\_\_

Team members:    \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Person submitting entry: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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 Act-Out for Health contest, I am giving Florida KidCare 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.

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_