



Safe and Sound Teen Driving Competition Entry form

School District: _____

Name of School Representative: _____

Email: _____ Cell phone: _____

Student Director: _____

Email: _____ Cell phone: _____

SCWC encourages the list of participants to be limited to up to ten students, but the number of participants is at the discretion of the school and/or director. List below the names, contact information and role in the creation of the video (attach a separate sheet as necessary):

Name	Contact information	Role (Writer, videographer, editor, actor, etc.)

I agree to participate in the Safe and Sound Driving competition and abide by the rules set forth by Safe Communities of Wright County. I understand that each participant will sign a release form, and that each participant under the age of 18 will have a parent or guardian sign a form which allows their student to participate.

Signatures

School Representative

Student Director

Date: _____

Date: _____