## **TEEN VIDEOFEST 2020**

## **Registration Form**

(ALL contestants including those in groups must complete and sign the registration form for EACH video submitted.)

Your Name:	Date of Birth:_	/_	/_	
(First and Last Name)		(Month)	(Day)	(Year)
(Street/P.O. Box, Apt. No., City, State, Zip Co	de)			
Phone Number: ( )	Email:			
Adult Sponsor:	Phone Number:	( )		
Adult Sponsor:(e.g., teacher, counselor, minister, etc.)				
School Name/Organization:			Grade:	
Check Category:   Human Trafficking	Mental Health			
☐ Vaping ☐ C	Consequences of Sex	(		
Video Title:			_ USB #:_	
TEAM INFO	RMATION			
person. The contact person will be respor Tarrant County Public Health and will Team Name:	be responsible for sul	omission en	try.)	
Total Number of Team Members: (Up to 5 me	mbers per team, includi	ng yourself)		
Name of Team Contact Person:				
(First and Last Name)				
Phone Number: ( )	Email:			
Please List ALL Team Members (First and Last Name	e, including yourself	):		
1.				
2.				
3.				
4.				
<u>5</u> .				

## 

**AGREEMENT** 

## Registration and Video Deadline: Friday, February 28, 2020.

Forms and video(s) must be received **by 5:00 PM** at the location of packet pick-up or to TCPH located at 1101 South Main Street, Fort Worth, TX 76104.

If you have any questions, please email: <a href="mailto:teenvideofest@tarrantcounty.com">teenvideofest@tarrantcounty.com</a>

