



# School Radon Video Contest

## Entry Form (Example Form)

### Submission Information (Please Write Clearly or Type):

Title of Video \_\_\_\_\_ Radon in the Home \_\_\_\_\_

YouTube Username used for Video Submitted: \_\_\_\_\_ TheRadonGroup \_\_\_\_\_

Link to YouTube Video (make sure it works): \_\_\_\_\_ www.youtube.com/linkforradon \_\_\_\_\_

How many people will participate in your video: 2

### Teacher/High School Information:

High School Name: \_\_\_\_\_ Townsville Highschool \_\_\_\_\_

High School Address: \_\_\_\_\_ 1234 School Street \_\_\_\_\_

City: \_\_\_\_\_ Townsville \_\_\_\_\_ Zip: 12345

Phone: \_\_\_\_\_ 123-456-7891 \_\_\_\_\_

School Contact/Teacher Name: \_\_\_\_\_ Ms. Smith \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ KSmith@email.com \_\_\_\_\_

Contact Phone: \_\_\_\_\_ 555-666-5656 \_\_\_\_\_

### List of ALL Participants (including non-students):

Participant 1 Information: Student  Non-Student

Full Name: \_\_\_\_\_ Jennifer Jones \_\_\_\_\_ Birthday: 1/11/00 Age: 14

Address: \_\_\_\_\_ 1234 Elm Street \_\_\_\_\_

City: \_\_\_\_\_ Townsville \_\_\_\_\_ Zip: 12345

Phone: \_\_\_\_\_ 888-910-5578 \_\_\_\_\_ Email: \_\_\_\_\_ JJones@email.com \_\_\_\_\_

Participant 2 Information: Student  Non-Student

Full Name: \_\_\_\_\_ Harry Cook \_\_\_\_\_ Birthday: 4/16/00 Age: 14

Address: \_\_\_\_\_ 555 Upper West St \_\_\_\_\_

City: \_\_\_\_\_ Townsville \_\_\_\_\_ Zip: 12345

Phone: \_\_\_\_\_ 606-505-7788 \_\_\_\_\_ Email: \_\_\_\_\_ Cook\_h@email.com \_\_\_\_\_

Participant 3 Information: Student  Non-Student

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant 4 Information:** Student  Non-Student   
Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant 5 Information:** Student  Non-Student   
Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant 6 Information:** Student  Non-Student   
Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: All participants listed must submit a release form. If additional lines are needed, please use the back of this form.*

Please Email form to: [VideoContest@lung.org](mailto:VideoContest@lung.org)



*In Partnership with:*  
U.S. Environmental  
Protection Agency, Region 7  
Iowa Radon Coalition