

CONTEST ENTRY FORM

Please print and complete the form and send with your storyboard materials.



STUDENT INFORMATION

Student Name: _____
Responsible and Authorizing Parent/Guardian Name: _____
Address: _____

School Name: _____
School Address: _____

Age: _____
Grade: (select one)
 Kindergarten First Second Third

Pronouns: (select one)
 She/Her He/Him They/Them Other
 Prefer not to say

PSA INFORMATION

PSA Title: _____
Number of Panels: _____
Number of Characters: _____

MAIL TO:

WQED – PITTSBURGH
c/o Storyboard Contest
4802 Fifth Avenue
Pittsburgh, PA 15213

REQUIRED INFORMATION

Parent/Guardian Signature: _____
Printed Name: _____
Date Signed: _____
Email Address: _____
Address: (if different than above) _____

Phone: _____

I acknowledge that I have received and read the Official Rules for the Contest before completing this Entry Form, and that I understand that I and my child (the author) are bound by the Official Rules.

FOR SCHOOL-RELATED ENTRY:

Teacher Signature: _____
Printed Name: _____
Date Signed: _____
Email Address: _____