



# The Centennial Video Contest



## Entry Form

*(Must be 18 years of age or older)*



Name: \_\_\_\_\_

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

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

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

State or Province: \_\_\_\_\_

Postal or Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

SLA Member ID: \_\_\_\_\_

Video Title: \_\_\_\_\_

SLA Chapter to share in winnings: \_\_\_\_\_

SLA Division to share in winnings: \_\_\_\_\_

Student: YES \_\_\_\_\_ *(include copy of current student ID)* NO \_\_\_\_\_

***Please e-mail this form along with any permission forms and student IDs to:***

Tamika B. McCollough - [tbmccollough@gmail.com](mailto:tbmccollough@gmail.com)

Subject line: SLA Video Contest