

STUDENT NEWS SUBMISSION FORM

FIRST NAME: _____ LAST NAME: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

MAILING ADDRESS: _____

AGE: _____ GRADE: _____

NAME/TOWN OF YOUR SCHOOL: _____

THIS FILM IS BEING SUBMITTED BY (PLEASE CHECK ONE):

- INDIVIDUAL
 GROUP (2+ teens working together, not affiliated with school club or organization)
 SCHOOL CLUB (NAME OF CLUB: _____)
 OTHER YOUTH GROUP/ORGANIZATION (NAME: _____)

TYPE OF SUBMISSION:

- HEADLINE GOVERNMENT/POLITICS ONE-MINUTE EDITORIAL
 ARTS SPORTS NOSE-TO-NOSE
 FEATURE STORY (TOPIC: _____)

NAMES OF TEENS WHO WORKED ON THE STORY (FOR LISTING IN STUDENT NEWS CREDITS):

Check for correct spelling please.

PLEASE SUMMARIZE THE STORY YOU ARE SUBMITTING IN 25 WORDS OR LESS:

FORMAT OF VIDEO:

- MINI DV QUICKTIME ON DVD OTHER: _____

THANK YOU!