

High School Video Contest

School Information

This registration form must be sent (with authorized signature from a school official or parent/guardian in the case of a homeschooled student) upon submission of corresponding video entry.

School Name:	
School Address:	
City, State, Zip Code:	
Principal's Name:	
Principal's Phone Number:	
Principal's Email Address:	
Authorized Representative Name:	
Phone Number:	
Email Address:	

Video Information

Title of Video: _____

By signing this form, I acknowledge that this video is my own original work, or joint original work among all signees, including any samples, concepts, etc. I hereby agree to all the contest guidelines, rules, and regulations.

Names of participating students (up to five per team):

	Print name and Email Address	Grade Level (as of 8/2024)	Signature (digital signature is acceptable)
Student # 1:			
Student # 2:			
Student # 3:			
Student # 4:			
Student # 5:			

Please return this registration form via TYPEFORM: <https://form.typeform.com/to/Aabm04wi>

or send to: Safe Routes to School C/O AECOM, 8th Floor, Boston, MA 02110
no later than **Tuesday, 11pm EST, October 1, 2024.**

Save your file name in the following manner: "title of video_school name_last name student"