

## Reclaim Our Water Film Contest Entry Form

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

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

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

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

Street Address 2: \_\_\_\_\_

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

State: NY      Zip: \_\_\_\_\_

Video URL: \_\_\_\_\_

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

How Did You Hear About The Contest? \_\_\_\_\_

Are you or a member of your immediate family a Suffolk County Employee, Contractor or Grantee? \_\_\_\_  
(Suffolk County employees, contractors, or grantees and their immediate family members may enter, but are not eligible to win)

Age: \_\_\_\_\_

Parent/Guardian Full Name (if under 18): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**By signing this entry form, you agree to all of the rules and terms of this contest as set forth in the [contest rules](#).**

**Signature:** \_\_\_\_\_

**Parent/Guardian Signature** (if under 18): \_\_\_\_\_

Please sign, scan and email the form to:

ROWFilmContest@suffolkcountyny.gov

**An email will be sent to you verifying receipt of entry form.**