

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.