Submission Form

I acknowledge that I have read, understand, and agree to the contest rules and uses for my video submission. This includes granting permission to use the provided videotape of me or my dependent minors and to release, publish, broadcast or quote this material in U.S. Department of State public information programs and activities, including future speeches, websites, broadcast and print media.

_________________________________________  __________________________
Child’s Full Signature                           Date

_________________________________________  __________________________
Parent’s Signature                              Date

Child’s Name ______________________________________________________
Grade and Age ______________________________________________________
Post City __________________________________________________________
Parent’s Name ______________________________________________________
Parent’s Agency _____________________________________________________
Pouch Address ______________________________________________________
Parent’s Work Email ________________________________________________
Parent’s Personal Email ____________________________________________

Please print clearly