

Video Submission Entry Form



Presented by:



*First Name:

*Last Name:

*Email:

*Address:

*City:

*State:

VA

*Zip code:

*Phone:

Other Entrants (if applicable):

First Name:

Last Name:

First Name:

Last Name:

First Name:

Last Name:

*High School:

*Title of Video:

*I certify that I and all participants in the submitted video are above the age of 13 and that I have their consent for their appearance in this video.

*I have read and agree to abide by all the Rules and Regulations regarding this contest.

Submit this completed Entry Form and video (only mov, mp4, and wmv files accepted) to:

**No2DistactedDriving Video Contest
c/o Cox Media
1341 Crossways Blvd., Suite 1168
Chesapeake, VA 23320**

**Required fields*

All entries must be received by 10/29/2017