

Make the Right Mov(i)e

Application Form

Chaptert Name:

Students appearing in the video:

Contact information*: This information will be used to contact the finalists only – it will not be distributed for any other purpose.

Street Address:

City, State, Zip:

E-mail:

Telephone Number(s) with area code*:

Title of the video:

Underage Drinking statistic:

Citation or website where the statistic was found:

Underage Drinking prevention message or focus:

Assurances:

I, _____ do certify that this video was created by myself, or a group of youth currently in an accredited Operation Snowball chapter. In addition, I certify that no alcohol products were purchased, consumed or otherwise used in the making of this video. The video clip does not include the visual use of any brand name alcohol industry products.

Chapter Contact Signature

Printed Name

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Each youth participating in the video must have parent permission using the form below.

I give my permission for _____ (youth name) to participate in the making of a video focusing on reducing underage drinking during prom and graduation season. I give permission for the youth to be filmed, and for the video to be used for promotional purposes without seeking payment for the use of such video.

Parent Signature _____ Date _____