

## **Submission Information (Please Write Clearly or Type):**

Title of Video:						
YouTube Username used for Video Submitted:						
Link to YouTube Video (make sure it works):						
How many people participated in your video:						
Teacher/School Information:						
School Name:						
School Address:						
City:	Zip:					
School Phone Number:						
School Contact Name:						
Contact Email Address:						
Contact Phone:						
List of ALL Participants (including non-students):						
Participant 1 Information:	□ Non-Student					
Full Name:	Birthday: Age:					
Address:						
City:	Zip:					
Phone:	Email:					

Participant 2 Information:	Student		Non-Student	
Full Name:		Birthday:	Age:	
Address:				
City:		Zip:		
Phone:		Email:		
Participant 3 Information:	Student		Non-Student	
Full Name:		Birthday:	Age:	
Address:				
City:		Zip:		
Phone:		Email:		
Participant 4 Information:	Student		Non-Student	
Full Name:		Birthday:	Age:	
Address:				
City:		Zip:		
Phone:		Email:		

Note: All participants listed must submit a release form. If additional lines are needed, use the back of this form.

## **Please Email Form to:**

Wdh.cancerservices@wyo.gov

OR

Mail form to:

Wyoming Cancer Program
122 West 25<sup>th</sup> Street, 3<sup>rd</sup> Floor West
Cheyenne, Wyoming 82002