2022 Wyoming Radon Video Contest

Official Entry Form

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: ☐ Student ☐ 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 25th Street, 3rd Floor West
Cheyenne, Wyoming 82002