



League of Women Voters Oakland Area
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Website: www.LWVOA.org

Know Before You Go Be An *Informed* Voter

LWVOA Public Service Announcement Contest SUBMISSION FORM

Please note that each entry must have a separate Submission Form.

I/We certify that the submitted entry is my/our original work. Please use second sheet for additional team members (maximum total of 5).

Entry Category (check one) Radio Television Print
Date Submitted: _____

Entrant's/Team Member 1 Name Printed _____

Address _____

City _____ Zip Code _____

Email _____ Telephone _____

Entrant's Signature _____

Name of School _____

Address _____

City _____ Zip Code _____

Sponsoring Teacher's Name printed _____

Teacher's Email _____

Teachers Telephone Number _____

Teacher's Signature _____

All entries become the property of the League of Women Voters Oakland Area and cannot be returned.

Team Member 2

Name Printed _____

Address _____

City _____ Zip Code _____

Email _____ Telephone _____

Entrant's Signature _____

Team Member 3

Name Printed _____

City _____ Zip Code _____

Email _____ Telephone _____

Entrant's Signature _____

Team Member 4

Name Printed _____

City _____ Zip Code _____

Email _____ Telephone _____

Entrant's Signature _____

Team Member 5

Name Printed _____

City _____ Zip Code _____

Email _____ Telephone _____

Entrant's Signature _____