

SAAC Submission Form

A separate submission form and releases must be completed and submitted with each video or poster. List additional team members, if any, at the bottom of this form.

For teacher or counselor use only.

Date received: _____

Signature: _____

Please note what you received:

Team Information

Team leader: _____

Name and birth date: _____

Mailing Address: _____

Email: _____

Telephone: _____

School: _____

Submission Information

Type: (Circle One)

I. Film

II. Poster

Title: _____

Label all devices and artwork and package safely.

Checklist for Entry

I. This form

II. One release for every team member

Under 18

18 and above

III. Face and voice releases as needed

IV. Additional team member names, birth dates, and contact information.