|  |  |
| --- | --- |
| **District Contacts:**  Matt Keene (904) 547-3946  [Matt.Keene@stjohns.k12.fl.us](mailto:Matt.Keene@stjohns.k12.fl.us) | **Submissions Sent To:**  The Fullerwood Center  St. Johns County School District  10 Hildreth Drive  St. Augustine, FL 32084 |

**Project Information:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **T****itle:** |  | | | | | | | | |
| **Purpose:** |  | | | | | | | | |
| **Intended Audience:** |  | | | |  | | |  | |
| **Grade Level:** |  | **Length of Entry (MM:SS):** | | | | | |  | |
| **Category:** |  | | | | **Region:** | | | **2** | |
| **School:** |  | | | | **Format:** | | | **DVD** | |
| **Address:** |  | | | | | | **Phone #:** | |  |
| **City:** |  | **State:** |  | **Zip Code:** | |  | **Fax #:** | |  |

**Sponsor Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Phone #:** | |  |
| **Email:** |  | | | **Fax #:** | |  |
| **Address:** |  | | | | | |
| **City:** |  | **State:** |  | | **Zip Code:** |  |

**Active FAME Member:** *(If different from sponsor)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Phone #:** | |  |
| **Email:** |  | | | **Fax #:** | |  |
| **Address:** |  | | | | | |
| **City:** |  | **State:** |  | | **City:** |  |

**Production Information:**

|  |  |  |
| --- | --- | --- |
| **Total Number of students involved in production:** | |  |
| *This number MUST match the number of students on Page 3 & attachment if applicable* | | | |
| **Equipment Involved:** |  | | |
| **Cameras:** |  | | |
| **DVD/VCR/Editing Equipment:** |  | | |
| **Computers:** |  | | |
| **Software:** |  | | |
| **Special Effects:** |  | | |

**Copyright Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lyrics:** |  | **Music:** |  |
| **Artwork:** |  | **Script:** |  |

Script (Copy must be attached if no storyboard present):

\*Permission or a copy of the license agreement for software-generated work must be attached for unoriginal artwork lyrics, music, or script from the original artist. Public Domain must have documentation attached that an authoritative source verifies the material is indeed part of Public Domain.

**Signatures and Acknowledgments:** (please handwrite signatures)

**SEC 1:** I certify this entry has been produced by students, without adult aid (other than advisory assistance), and that the entry complies with the rules and guidelines set forth by the committee. I give approval for a FAME representative to make copies of this presentation to be used for future motivation and/or promotion.

|  |  |  |  |
| --- | --- | --- | --- |
| **SPONSOR SIGNATURE:** |  | **Date:** |  |

**SEC 2:** I certify that I am not a media professional, and that this entry was created entirely by me without the aid of media professionals other than advisory assistance. I certify that this entry was produced in accordance the guidelines set forth by the Jim Harbin Student Media Festival Committee. I give approval for a FAME representative to make copies of this presentation to be used for future motivation and/or promotion.

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT SIGNATURE:** |  | **Date:** |  |

**SEC 3:** I created or own the copyright for the materials used in this production. I give approval for a FAME/AECT representative to make copies of the presentation to be used for future motivation and/or promotion.

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT SIGNATURE:** |  | **Date:** |  |

*Or I have attached permission or the license from the software or verification that the material is Public Domain.*

**SEC 4:** I have read this entry form and approve this production for the Jim Harbin Student Media Festival competition.

|  |  |  |  |
| --- | --- | --- | --- |
| **SPONSOR SIGNATURE:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By entering my initials in this box, I certify that all of the above information is correct. | **Initials:** |  | **Date:** |  |

**Please go back and check to see that all portions of this form are completed before proceeding.**

* **Please print this form and submit the hardcopy with your actual entry.**
* **ATTACH STORYBOARD/SCRIPT AND ANY COPYRIGHT PERMISSION TO** **THE ACTUAL ENTRY.**

**Student Information:**

**Please be as complete a possible so state officials can contact students/parents.** (If more than 15 students participated print out additional copies of the last page to include all students.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Phone #:** | |  |
| **Email:** |  | | | | **Role:** | |  |
| **Address:** |  | | | | | | |
| **City:** |  | **State:** |  | **Zip Code:** | |  | |