



Ohio Valley Chapter High School Student Television Awards for Excellence

ENTRY FORM

Entrant: _____
(High School, After School Program, Producing Organization)

Department: _____

Entry Title: _____

Category Number: _____ Category Name: _____

Length of Entry: _____ (minutes/seconds)

Person submitting entry: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (area code) _____ (number) _____ Work phone: (area code) _____ (number) _____

Signature of person submitting entry: _____

Please list those students who made significant contributions to the entry. Write name(s) exactly as they should appear on an award certificate.

**SEND COMPLETED FORM,
ENTRY AND PAYMENT TO:**

**Nicole Williams, Administrator
NATAS-Ohio Valley Chapter
PO Box 16181
Columbus, OH 43216**

**Please see rulebook for
entry submission format.*

Entry Processing Fee - \$25.00

Check Credit Card (VISA, MasterCard, Discover, American Express)

Name on Credit Card: _____

Billing address for this credit card: _____

Credit Card #: _____

Expiration Date: _____ Amount Enclosed: _____