



**Application Form for Corpus Christi Area LWV
YOUR VOTE COUNTS Video Contest**

Each member of the creative team must complete this simple application and submit it along with the video entry.

Please print following information.

Name _____

Age _____ **Grade** _____ **High School** _____

Contact: email _____ **telephone** _____

**Mailing
address** _____

Number of members in the team _____

My role in the video project _____

I am or we are the sole creator(s) of the attached PSA video entered in the YOUR VOTE COUNTS contest. I hereby grant permission for Corpus Christi Area LWV to use this video to promote voting in Texas in any way the organization deems useful.

Signature: _____

Date _____