



Sons of the American Revolution Youth Video Contest Application



Name:

Mailing Address:

City

State:

Zip Code:

Phone:

Email:

Age:

Grade

School Name:

School Address:

City:

State:

Zip Code:

Phone:

Email:

Sponsoring Chapter:

Chapter President's Name:

Chapter President's Email:

Chapter Video Contest Chairman's Name:

Chapter Video Contest Chairman's Email:

Chapter Video Contest Chairman's Mailing Address:

City:

State:

Zip Code:

Video Summary:

Research Citations (minimum of three):

I, the undersigned, hereby declare that this submission is entirely my own work, and that all sources used in researching it are fully acknowledged and all quotations properly identified.

Signature:

Date:



By checking the box and entering your name electronically above, you acknowledge that this entry will signify your consent just as if you had signed a paper document.

Return to Keith A Weissinger, MD kweiss47@comcast.net

Deadline: **15 February**