

## The City of Bend / BendFilm / Central Oregon Daily News One Water Student Video Contest Application Form

Name of Lead Producer:	
Address:	Mailing Address (if different)
City: State: Zip Code:	City: State: Zip Code:
Student's Phone Number:	Parent's Name:
Student's Email:	Phone Number:
School Year Grade Level:	Parent's Email:
School Attending:	_
Name of Teacher:	Teacher's Email:
FilmTitle:	
YouTube Link to Video: (please print clearly)	
actor involved.	e a City of Bend Photo Release form for yourself and each les and guidelines of the One Water Student Video Contest
Signature of Lead Producer:	Date:
Parent Authorization and Contact Information (if ur	nder 18):
Name: Signature: _	Date:
Phone: Email:	

Submit this application form with your YouTube link and Photo Release forms(s) via email to <u>stormwater@bendoregon.gov</u> or in person at the City of Bend Water Services Department, 62975 Boyd Acres Rd., Bend, OR 97701.

Video entries and forms due by April 30, 2025; 5 p.m.

## **List of Participants**

Check If Included. Please list all actors/actresses and participants in the video. Release Form: Release Form: Release Form: \_\_\_\_\_ Release Form: Release Form: \_\_\_\_\_\_ Release Form: \_\_\_\_\_\_ Name \_\_\_\_\_ Release Form: Name Name Release Form: Release Form: Name \_\_\_\_\_\_ Release Form: \_\_\_\_\_ Name \_\_\_\_\_ Release Form: Release Form: Release Form: Release Form: \_\_\_\_\_ Release Form: Name \_\_\_\_\_ Release Form: \_\_\_\_\_

If additional space is needed, please include another List of Actors/Actresses and Participants Form.