



Sullivan County Public Health Services Video Contest Registration Form – 2018

Participant's Full Name: _____
Home Phone: _____
Email Address: _____

Participant's Date of Birth: _____
School Name: _____
School Address: _____

School Grade: _____
Parent/Legal Guardian Name: _____
Parent/Guardian Email Address: _____

X _____ Date: _____

I authorize my child to participate in this contest and agree that they and I will abide by the Official Rules, which I have read and understood.

Please return this form to Public Health Services in one of the following ways:

- Email: wendy.brown@co.sullivan.ny.us
- Fax: 845-513-2276
- Mail: 50 Community Lane, POB 590, Liberty, NY 12754

The County of Sullivan is not responsible for lost or misdirected applications. Please email Deputy Director Wendy Brown at the address above if you wish to verify receipt.