

2025 Illinois High School Radon Video ContestEntry Form

Submission Information (Please Write Clearly or Type):

Title of Video		
YouTube Username used for Video Submit	tted:	
Link to YouTube Video (make sure it works	s):	
How many people will participate in your v	video:	
Teacher/High School Information: High School Name:		
High School Address:		
City:	Zip:	
Phone:		
School Contact/Teacher Name:		
Contact Email Address:		
Contact Phone:		
List of ALL Participants (including non-s	tudents).	
Participant 1 Information: Student		
Full Name:		Age:
Address:		
City:		
Phone:Email:		
Participant 2 Information: Student	Non-Student	
Full Name:	Birthday:	Age:
Address:		
City:		
Phone:Email:		
Participant 3 Information: Student	Non-Student	
Full Name:	 Birthday:	Age:
Address:		
City:		
Phone:Email:_	•	

Participant 4 Information: Student Full Name:		Δσε·
Address:		
City:		
Phone:Emai	l:	
Participant 5 Information: Student	Non-Student	
Full Name:	Birthday:	Age:
Address:		
City:	_ Zip:	
Phone:Emai	l:	
Participant 6 Information: Student	Non-Student	
Full Name:	Birthday:	Age:
Address:		
City:		
Phone:Emai	l:	

Note: All participants listed must submit a release form. If additional lines are needed, please use the back of this form.

Please Email form to: VideoContest@lung.org



