

Partnership for a Drug-Free New Jersey
2009 New Jersey Shouts Down Drugs!

ENTRY FORM

All entries **MUST** include the following items (please check):

FULLY COMPLETED FORMS – 2 parts as follows:

- ___ 1) **Entry Form (NJSDD09-1)** *Groups: complete one for EACH participating student*
- ___ 2) **Copyright License, Talent and Release Agreement (NJSDD09-2)**
(Groups submit one Agreement only, but Agreement must be signed by EACH group member or their parent / legal guardian, if they are under 18)

MUSIC:

Music can be submitted by mailing in a CD or cassette, clearly labeled with artist name **OR** by email (see website for instructions, (www.drugfreenj.org))

Forms must still be completed, signed and mailed by contest deadline!

Music must include:

- ___ 3) Recorded music with lyrics
- ___ 4) Recorded music without lyrics
- ___ 5) Typed lyrics including the song title (mail in with your entry forms)
→ PLEASE PRINT CLEARLY! ←

Participant Name: _____ Grade: _____

Mailing Address: No. & Street _____

City _____ State _____ Zip Code _____ County (where you reside): _____

Phone # _____ E-mail Address: _____ T-Shirt Size (M, L, XL, 2X): _____

Song Title _____

Name and Address of Your School: _____

If Applicable: Group Name _____ No. in Group _____

Group Leader's Name (Groups must designate a leader): _____

I understand that *New Jersey Shouts Down Drugs* is a statewide music and drug prevention initiative sponsored by the Partnership for a Drug-Free New Jersey (PDFNJ). I have read, fully understand and agree to the *2009 Contest Rules*. The music and lyrics I have submitted are completely original and are written by myself or a member of my group with no copyright violations. If chosen as a finalist, I agree to participate in the statewide concert on **Wednesday, May 6, 2009**, at the NJ Performing Arts Center (NJPAC), Newark, New Jersey. I understand that I am responsible for my own transportation to and from this event and will be accompanied by a chaperone according to the *Contest Rules*. I also agree that if I am chosen as a winner, I will work with PDFNJ to meet the terms of the prize I am awarded and the "Recording Session," as listed in the *Contest Rules*. I am a resident of New Jersey and a high school student, Grade 9 through 12, in good standing.

Signature of Participant: _____ Date: _____

Date of Birth* (M/D/Y): _____ *If over the age of 18, must submit proof of age: drivers license or copy of birth certificate.

PARENT/GUARDIAN MUST ALSO SIGN BELOW IF PARTICIPANT IS UNDER 18 YEARS OF AGE

Signature of Parent or Legal Guardian: _____ Date: _____

Please tell us how you heard about the contest:

___ School ___ Friend ___ Parent ___ Radio ___ TV ___ Store Flyer
___ Other (describe) _____

Mail your entry to: Partnership for a Drug-Free New Jersey
New Jersey Shouts Down Drugs
155 Millburn Avenue
Millburn, NJ 07041

ALL ENTRIES MUST BE POSTMARKED BY THURSDAY, JANUARY 8, 2009

INCOMPLETE ENTRIES WILL BE DISQUALIFIED

For questions, please call 973-467-2100, ext. 19