

Partnership for a Drug-Free New Jersey
2011 New Jersey Shout Down Drugs!

ENTRY FORM

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

TWO FULLY COMPLETED FORMS – as follows:

- ___ 1) **Entry Form** (NJSDD11-1) **Groups:** EACH group member must complete their own Entry Form.
- ___ 2) **Copyright License, Talent and Release Agreement** (NJSDD11-2)
(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 must be submitted electronically– in an MP3 format. See uploading instructions on www.shoutdowndrugs.com. If you cannot meet this requirement, please contact the program coordinator.

****Form Nos. 1 and 2 must still be completed, signed and mailed by contest deadline or entry is disqualified!**

Music must include:

- ___ 3) Recorded music with vocals
- ___ 4) Recorded music without vocals (instrumental/soundtrack)
- ___ 5) Typed lyrics, including a song title – uploaded with your music in a Word document.

→ PLEASE TYPE OR PRINT CLEARLY!!!!!! ←

Participant Name: _____ Grade: _____
Mailing Address: No. & Street _____
City _____ State _____ Zip Code _____ County You Reside In: _____
Phone # _____ E-mail Address (**print clearly!**) _____
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 Shout 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 *2011 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 **Thursday, May 5, 2011**, 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, 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 Forms to: Partnership for a Drug-Free New Jersey
New Jersey Shout Down Drugs
155 Millburn Avenue
Millburn, NJ 07041

ALL FORMS MUST BE POSTMARKED BY FRIDAY, JANUARY 14, 2011

INCOMPLETE ENTRIES WILL BE DISQUALIFIED

Questions? Contact the Program Coordinator, at diane@drugfreenj.org OR 973-467-2100, ext. 19