



Washington Society
Sons of the American Revolution
Youth Video Contest Application



Name:

Mailing Address:

City

State:

Zip Code:

Phone:

Email:

Age:

Grade:

School Name:

School Address:

City:

State:

Zip Code:

Phone:

Email:

Sponsoring Chapter:

Chapter President's Name:

Chapter President's Email:

Chapter Video Contest Chairman's Name:

Chapter Video Contest Chairman's Email:

Chapter Video Contest Chairman's Mailing Address:

City:

State:

Zip Code:

Video Summary:

Research Citations (minimum of three):

I, the undersigned, hereby declare that this submission is entirely my own work, and that all sources used in researching it are fully acknowledged and all quotations properly identified.

Signature:

Date:

Return to Keith A Weissinger, MD kweiss47@comcast.net

Deadline: 1 February