**Drugs.ie National Youth Media Awards**

**AUDIO 2017 ENTRY FORM**

The details you provide will only be used for the purposes of running this competition and will not be passed onto any third party. Please refer to competition terms and conditions at www.drugs.ie/awards

**Please select your age category based on your age on February 1st 2017**

**12-14 □ 15-17 □ 18-21 □ 22-25 □**

**Please indicate your chosen theme:**

**Why do some young people use drugs? □**

**What impact does alcohol have on relationships? □**

**Please rate your knowledge of your chosen theme BEFORE you created your entry:**

**1. Poor □ 2. Fair □ 3. Good □ 4. Very Good □ 5. Excellent □**

**Please rate your knowledge of your chosen theme AFTER you submitted your entry:**

**1. Poor □ 2. Fair □ 3. Good □ 4. Very Good □ 5. Excellent □**

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**Checklist:**

* Is your work between 1 and 3 minutes in length?
* Is your entry in one of the following formats: .MP3 or .WAV?
* All entries must not include any sound or other intellectual property that is subject to copyright of a third party without express and written permission of the copyright owner. This includes, but is not limited to, music/song clips and audio clips. If you are including media of this nature in your entry, such as a song or piece of background music, you must provide written/signed permission from the copyright owner or their agent(s) with your submission.
* For more tips, advice and submission requirements on the competition visit: www.drugs.ie/resources/awards/tips\_on\_entering

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**Please Note:**

* All details to be printed in BLOCK capitals in the following table.
* A phone number must be given with regards to contacting (winning) entrants.
* If you are sending a poster entry please firmly attach both form pages to the back of your entry.

**Audio Entry Form 2017:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  **School name/Organisation name:** |  |  |
|  |  |  |
|  **Name of entrant/entrants:** |  |  |
| **If a group entry (Number in group):** |  |  |
|  |  |  |
| **Contact Person (If a group entry):** |  |  |
|  |  |  |
| **Address:** |  |  |
|  |  |  |
| **Email Address:** |  |  |
|  |  |  |
| **Telephone Number (Day):** | **(Evening):** |  |
|  |  |  |
|  **Where did you hear about the media awards:** |  |  |
|  |  |  |